**BASELINE CLINICAL EVALUATION**

**TEST AND PURPOSE**
Recognise the client with respiratory, neurological or abdominal distress

**INTERPRETATION/ACTION**
Identify danger signs as classified in the IMCI Chart

**SOCIAL CONSIDERATIONS**
Ensure that the national testing algorithm has been followed

**BASELINE LABORATORY EVALUATION**

**TEST AND PURPOSE**
Confirm HIV test result to confirm HIV status for those without documented HIV status

**INTERPRETATION/ACTION**
Ensure that the national testing algorithm has been followed

**CLINICAL GUIDELINES**

**HOW TO USE THIS DOCUMENT**

The guidelines are intended for use by health-care providers working with children to deliver ART and cotrimoxazole preventive therapy (CPT). They are intended to be used as an initial guide and should be adapted to local context and capacity.

- Scale of care delivery: Primary care level
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**REASONS TO DEFER ART START**

- TB symptoms (cough, fever, recent weight loss, fatigue/always tired)
- Documented HIV status
- CD4 cell count
- Other acute illnesses (e.g., meningitis and encephalitis)

**WHEN TO START ART**

- CD4 > 50 cells/µL
- TB treatment completed

**REGIMENS**

**FIRST-LINE ART IN NEW CLIENTS**

<table>
<thead>
<tr>
<th>Neovir ® until 28 days of age (with birth weight &lt; 2.5 kg)</th>
<th>AZT® + 3TC + NVP (see dosing below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target dose</td>
<td>Lamivudine (3TC)</td>
</tr>
<tr>
<td>2 mg/kg/dose</td>
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**SECOND-AND-THIRD-LINE ART IN NEW CLIENTS**

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**CHILDREN WITH CONCOMITANT TUBERCULOSIS**

- ATT and need for cotrimoxazole preventive therapy
- CD4 < 20 cells/µL
- At least 18 months of age
- At least 28 days of age

**SOUTH AFRICAN ART CLINICAL GUIDELINES 2019**

For children < 10 years and < 35 kg.

**FIRST EDITION: FEBRUARY 2020**

**TEST AND PURPOSE**
Confirm HIV test result to confirm HIV status for those without documented HIV status

**INTERPRETATION/ACTION**
Ensure that the national testing algorithm has been followed

**BASELINE LABORATORY EVALUATION**

**TEST AND PURPOSE**
Confirm HIV test result to confirm HIV status for those without documented HIV status

**INTERPRETATION/ACTION**
Ensure that the national testing algorithm has been followed

**HAEMOGLOBIN (Hb)**
To identify anaemia and eligibility for AZT

**CD4 COUNT**
To determine eligibility for cotrimoxazole preventive therapy (CPT)

**ATG**
To assess adherence and virological outcome

**SECOND- AND THIRD-LINE ART**

**NRTI-DERIVED REGIMENS**

<table>
<thead>
<tr>
<th>(ABC or AZT) + 3TC + (EFV or ETV)</th>
<th>(ABC or AZT) + 3TC + (LPV/r or TDF)</th>
<th>(ABC or AZT) + 3TC + (ETV or TDF)</th>
</tr>
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<tbody>
<tr>
<td>Resistance test required</td>
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**PI-DERIVED REGIMENS FOR > 24-month regimen**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>ABC or AZT</th>
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</tr>
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<tbody>
<tr>
<td>2 NRTIs + DRV/r</td>
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**INSTI-DERIVED REGIMENS**

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<tr>
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**DO THE FOLLOWING TESTS IF THE CLIENT IS ON THE DRUG THAT MAY CAUSE THE ADVERSE EVENT**

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<tr>
<th>DRUG</th>
<th>TEST</th>
<th>FREQUENCY</th>
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<tbody>
<tr>
<td>AZT</td>
<td>FBC, biochemical WCC</td>
<td>At months 3 and 6, thereafter, as clinically indicated</td>
</tr>
<tr>
<td>EFV, INSTI</td>
<td>HBV, Hepatitis B; HCV, Hepatitis C; VLDL, triglycerides; CD4 &gt; 20 cells/µL</td>
<td>At month 3, if above acceptable range, do fasting lipid profile and cholesterol and TG</td>
</tr>
<tr>
<td>LPV/r, ATV/r</td>
<td>Cholesterol + Triglycerides (TG)</td>
<td>At month 3, if above acceptable range, do fasting lipid profile and cholesterol and TG</td>
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<tr>
<td>TDF</td>
<td>ALT</td>
<td>If signs/symptoms of hepatitis (e.g., nausea, vomiting, jaundice)</td>
</tr>
<tr>
<td>TDF</td>
<td>NVP</td>
<td>If rash develops</td>
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**LAMIVUDINE (3TC)**

- Viral Load (VL) copies/mL
- Month 6, 12 and then 12-monthly if VL suppressed

**ARTELIGIBILITY AND DETERMINING THE TIMEFRAME FOR ART START**

**WHO IS ELIGIBLE?**

- All people living with HIV (PHIV) regardless of age, CD4 cell count and clinical stage. ART should be initiated within 2 weeks after diagnosis and treatment for tuberculosis should only be delayed until the morning after ART has started.

**SAME DAY INITIATION IS ENCOURAGED IF CLINICALLY WELL AND MOTIVATED**

**RESOURCES TO DEFER ART START**

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