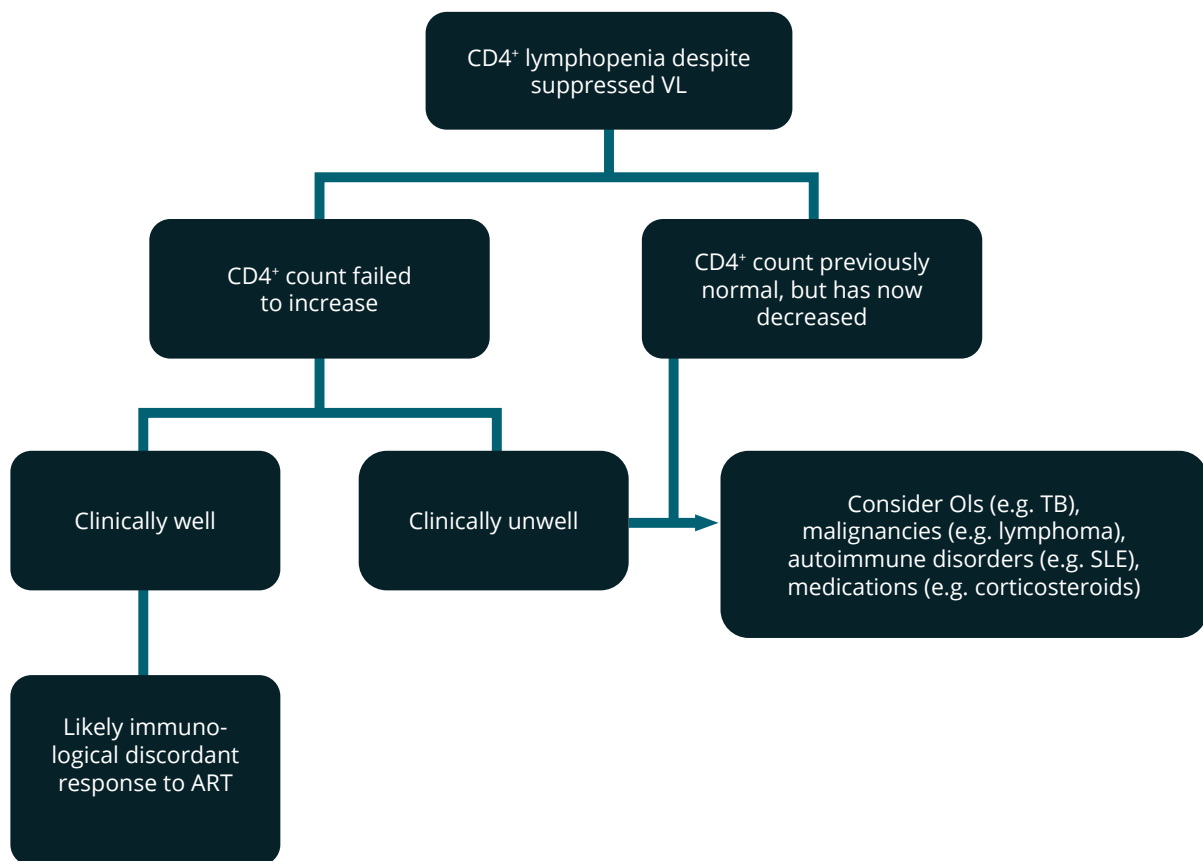


## CD4<sup>+</sup> count monitoring

- Repeat CD4<sup>+</sup> count every 6 months if previous count < 200 cells/μL.
- Any CD4<sup>+</sup> count < 200 cells/μL: start CTX and perform sCrAg test (+/- refer for LP if sCrAg-positive).
- CD4<sup>+</sup> count > 200 cells/μL: does not necessitate repeat testing unless virological or clinical failure occurs.
- After starting ART, a gradual rise in CD4<sup>+</sup> count is expected. Do not alter the ART regimen if CD4<sup>+</sup> count does not rise despite viral suppression (immunological discordant response to ART); look for secondary causes if the patient is unwell.



ART, antiretroviral therapy; CD4<sup>+</sup>, cluster of differentiation 4; CTX, cotrimoxazole; LP, lumbar puncture; OIs, opportunistic infections; sCrAg, serum cryptococcal antigen; SLE, systemic lupus erythematosus; TB, tuberculosis; VL, viral load.