

ADULTS & PMTCT MONITORING TOOL

Viral Load

Creat

CD4

FBC

Cholesterol

All

On TDF

All

On AZT

On LPV/r

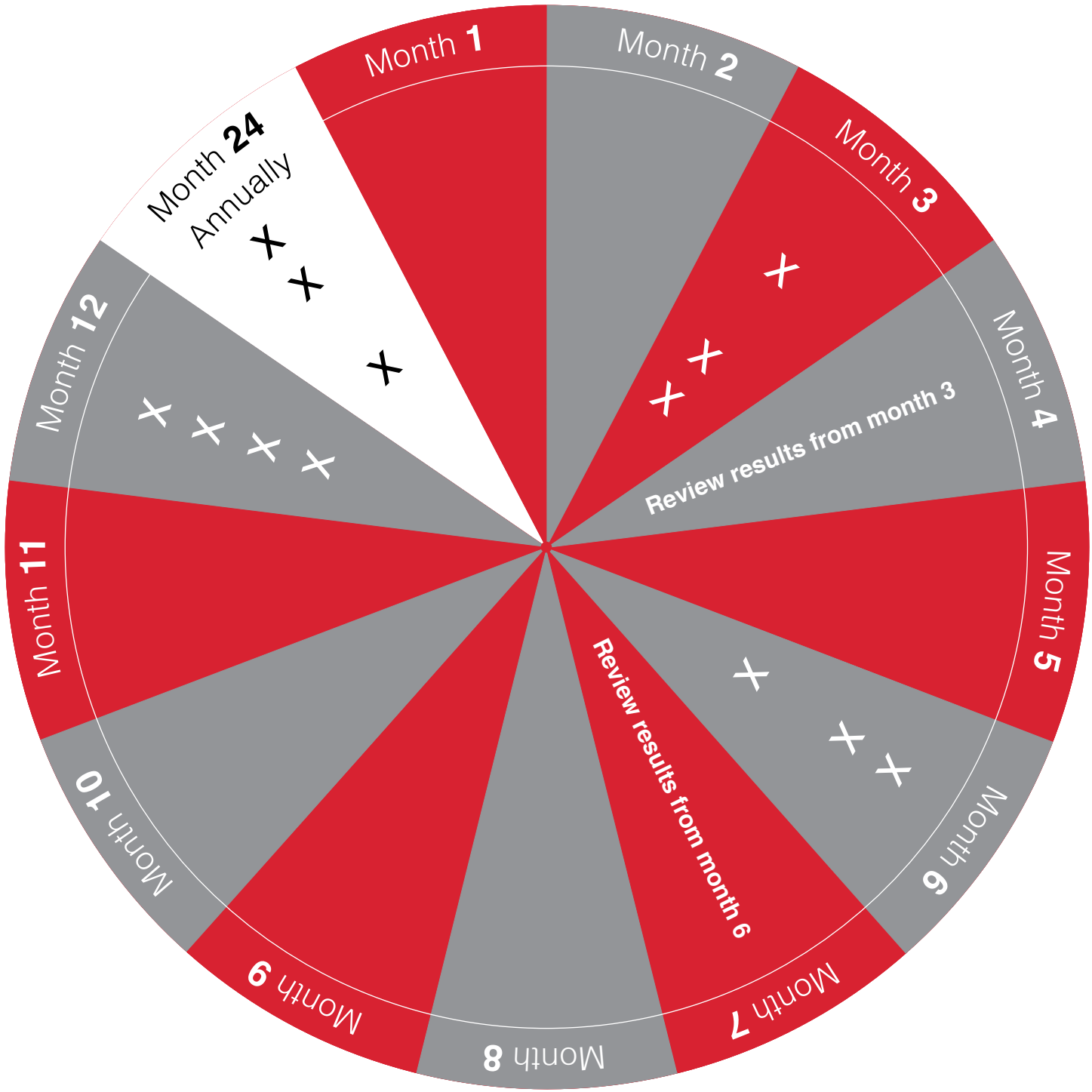
WHAT TO DO IF VIRAL LOAD IS HIGH:

If VL 400 – 1000 copies/ml: Give increased adherence support, repeat viral load in 6 months

If VL > 1000 copies/ml:

- Check adherence, give increased support
- Assess disclosure, encourage individual to disclose if disclosure has not happened
- Assess tolerability
- Assess for drug-interactions
- Assess for psychological problems
- Repeat VL after 2 months
 - If VL confirmed > 1000 copies/ml **and**
 - Client receiving adherence support **and**
 - Adherence more than 95%
 - Do blood for Hb, HBsAg and Fasting Cholesterol
 - Switch, or refer on current medication for switching, to 2nd line





Patients who require upreferential • eGFR < 50 ml/min in adults • Creatinine > 85 µmol/L in PMTCT • Hb < 7 g/dl • CrAg test positive • Cholesterol > 6 mmol/l

BASELINE BLOODS

- | | | |
|---|---|---|
| <p>1st line</p> <ul style="list-style-type: none"> • CD4 • Creatinine • HBsAg | <p>2nd line</p> <ul style="list-style-type: none"> • FBC • Fasting Cholesterol | <p>Non Routine Bloods</p> <ul style="list-style-type: none"> • CrAg (if CD4 < 100) • Fasting Cholesterol (if LPV/r planned) • FBC (if AZT planned) • ALT (if NVP planned) |
|---|---|---|

AT EACH VISIT REMEMBER TO DO:

1. TB symptom screening
2. STI Screening
3. Stage patient
4. Check BMI
5. Assess for side effects
6. Check adherence
7. Review pregnancy status/fertility plans/contraception
8. Assess whether eligible for prophylaxis
 - a. IPT
 - b. Bactrim
 - c. Fluconazole
9. Assess whether eligible for stopping prophylaxis
 - a. Repeat CD4 if indicated

REMEMBER TO MEASURE

1. CD4 – all patients at 1 year on ART
2. VL – all patients at month 6, 12 then annually
3. FBC (if on AZT) at 3, 6, 12 months then annually
4. Creatinine (if on TDF) at month 3, 6, 12 then annually
5. Fasting Cholesterol and triglycerides (if on protease inhibitor – LPV/r etc.) at month 3
6. ALT (if on NVP) – Only if rash develops or symptoms of hepatitis

VL MONITORING IN PMTCT

Do first VL 3 months after initiating ART.
If already on ART do VL on first ANC visit
Manage as follows:

- **VL ≤ 1000 copies/ml:** do adherence support, repeat VL at 6 months, then 6 monthly
- **VL > 1000 copies/ml:** do adherence counselling, repeat in 1 month
 - If result now undetectable or perhaps greater than 1 log reduction in VL
 - Continue current ART regimen
 - Monitor adherence
 - Repeat VL in 6 months (or earlier if VL not perfect)
 - If VL result unchanged, higher, or has not shown a greater than 1 log reduction
 - Switch to second line
 - Do Hb and HBsAg tests
 - Intensive adherence counselling and support

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