



# Southern African HIV Clinicians Society 3rd Biennial Conference

13 - 16 April 2016  
Sandton Convention Centre  
Johannesburg

**Our Issues, Our Drugs,  
Our Patients**

[www.sahivsoc.org](http://www.sahivsoc.org)  
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# The positive birth PCR test

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**15 April 2016**



UNIVERSITEIT VAN PRETORIA  
UNIVERSITY OF PRETORIA  
YUNIBESITHI YA PRETORIA



**GAUTENG PROVINCE**  
HEALTH  
REPUBLIC OF SOUTH AFRICA



**2016**

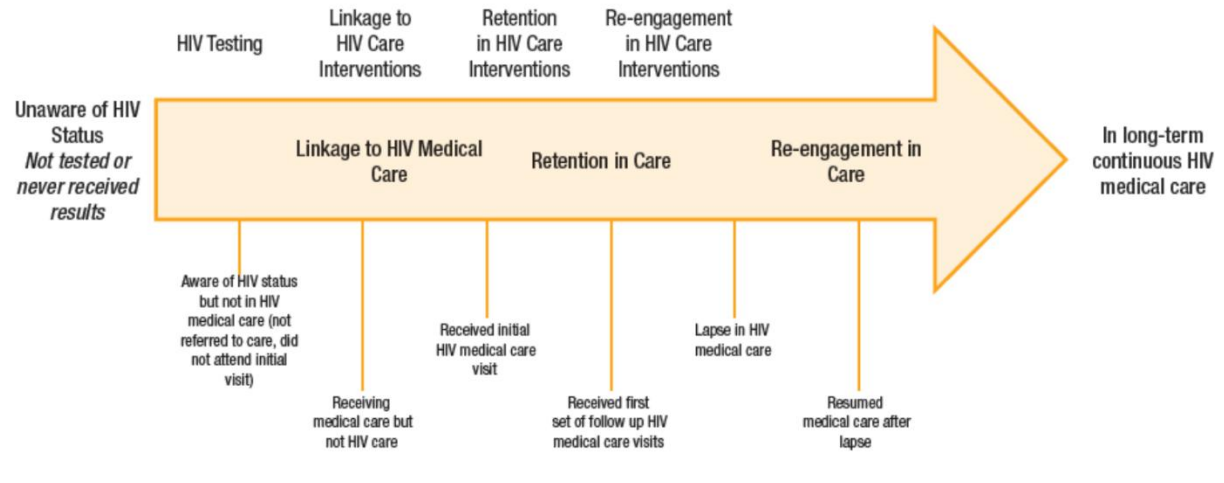
# A positive PCR test in a baby is the beginning of a long road!

## NATIONAL CONSOLIDATED GUIDELINES

FOR THE PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT) AND THE MANAGEMENT OF HIV IN CHILDREN, ADOLESCENTS AND ADULTS



NATIONAL DEPARTMENT OF HEALTH  
SOUTH AFRICA, APRIL 2015





2016

# PMTCT guideline change: 1 June 2015



- HIV testing protocol for all HIV-exposed infants:
  - Birth PCR to all exposed infants
  - 10w PCR to all infants who tested negative at birth
  - 18w PCR to all infants on extended 12w NVP
  - PCR 6w post cessation of BF
  - Rapid HIV test at 18m
  - Symptomatic HIV testing

Why did we  
move to birth  
PCR testing?



**CHANGING EPIDEMIC  
RELIABILITY OF TESTS  
SYSTEM WEAKNESSES  
HIGH RISK INFANTS  
EARLY ART**

# Birth PCR testing: Practical implementation



- **Identification of HIV-exposed newborns**
  - Safety nets to ensure that no babies are missed (24h/7d/365d)
- **Consent**
- **Doing the test**
  - New cadre of staff doing the testing
- **Needs**
  - Consumables, job aides
  - Facility registration numbers
- **Integration into already existing onsite MCWH services**
- **Recordkeeping**
  - NB: Tracing information

# Results checking & recording



- **Responsibility of result checking**
  - **Delivery facility:** Checking of results & tracing information
  - **PHC facility:** Infant follow-up
  - **DCST:** Receive and send out weekly name-based results
- **Practical helps to obtain results:**
  - **Computer look-up**
  - **Patient phone Nrs on lab request forms**
  - **SMS printers**
  - **Hotline**
- **Recording of result**
  - **RTHB**
  - **Patient records**
  - **Registers**
  - **DHIS indicators**







**1. Connecting Scanner to Printer**

- Connect USB cord from scanner to the USB Port of Printer
- SMS Printer will print a "Scanner Connected" Message
- The SMS Printer is now ready for use

**2. Scanning and Querying Results**

- Press the # key. "Scan Barcode" message will be printed
- Scan barcode from NHLS Request Book
- A successful scan will result in "REQUESTING ID" Message followed by the ID

**3. Available Results**

- CD4V (CD4)
- HIV VIRAL LOAD
- HIV DNA PCR
- TB SMEAR
- GENEXPERT (TB)

**4. Reprinting Messages**

- Press "\*" then "1" to reprint 10 most recent messages
- Press "\*" then "2" to reprint the 11th-20th oldest messages
- Press "\*" then "3" to reprint all messages stored on printer
- Press "\*" then "5" to print status

# Results hotline



## RESULTS HOTLINE

**0860 RESULT  
737858**



*This line is dedicated to providing results nationally for HIV Viral Load, HIV DNA PCR and CD4 to Doctors and Medical Practitioners, improving efficiency in implementing ARV Treatment to HIV infected people. This service is currently available to members of Health Professionals Council of the South Africa and the South African Nursing Council. The hotline is available during office hours from 8am to 5pm Monday to Friday.*

### Register to use the RESULT HOTLINE

Follow this simple Step-by-step registration process

Dial the **HOTLINE** number **0860 RESULT (737858)**

Follow the voice prompts and select option 1 to register to use the hotline  
A hotline registration form will be sent to you by fax or e-mail.

Complete the form and return it by fax or e-mail to the hotline to complete your registration process.

Once you are registered, you will be contacted with your unique number. This number is a security measure to ensure that the results are provided to an authorized user.

To use the hotline dial **0860 RESULT (737858)**

Select option 2 to access laboratory results.

- You will be asked for your HPCSA or SANC number by the operator.
- You will be asked for your Unique Number.
- Please quote the CCMT ARV request form tracking number (bar coded) and confirm that the result requested is for the correct patient.

Should the results not be available when you call, you will be provided with a query reference number which must be used when you follow up at a later date to obtain the result.

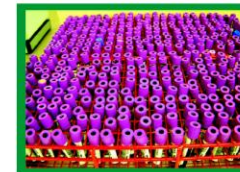
Once you have a Reference number

Select option 3 to follow up on a reference number

Should the requested results not be available, a query reference number will be provided to you.

A hotline operator will call you within 48 hours of receiving the laboratory results.

*Registering for this service from the NHLS, will assist in improving efficiency, providing improved patient care and streamlining clinic processes. Call now and register to access results for HIV Viral Load, HIV DNA PCR and CD4.*



2016

# Closing the loop: Weekly PCR results

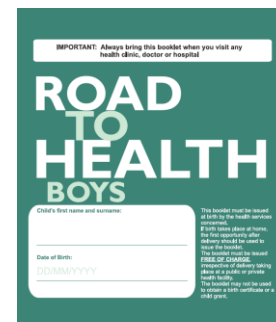
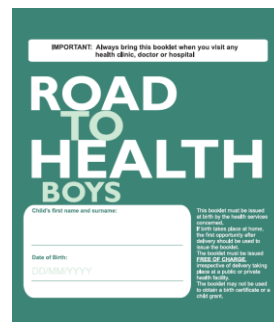
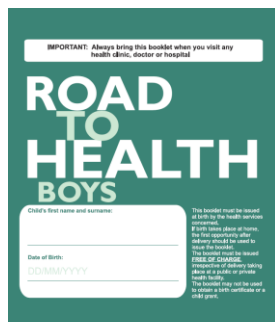


Sub District	Facility	Ward	Folder No	Patient Surname	Patient Name	Patient DOB	Patient Address	Patient Tel No	Patient Age	Taken Date	Reviewed Date	Episode No	Unique Patient ID	HIV PCR Result
City of Tshwane	Boekenhout Clinic	Not Applicable				30-MAR-2016		UNKNOWN	2 days	01-APR-2016	04-APR-2016	RG00437700	119400326	Positive
City of Tshwane	Mandise Shiceka Clinic	Ward Not Stated				22-OCT-2015		UNKNOWN	5 months 10 days	01-APR-2016	08-APR-2016	RC00773679	119915168	Positive
City of Tshwane	Gazankulu Clinic	Arv Clinic				31-AUG-2015		UNKNOWN	7 months 4 days	04-APR-2016	10-APR-2016	MG01934519	117366175	Positive
City of Tshwane	Gazankulu Clinic	Arv Clinic				01-MAY-2015		UNKNOWN	11 months 4 days	05-APR-2016	10-APR-2016	MG01934523	108890832	Positive
City of Tshwane	Kt Matubatse Clinic	Arv Clinic				06-DEC-2014		UNKNOWN	1 year 3 months 30 days	05-APR-2016	08-APR-2016	MA01752002	119580379	Positive
City of Tshwane	Jubilee Hospital	Labour Ward				06-APR-2016		UNKNOWN	1 day	06-APR-2016	10-APR-2016	RC00774659	120023297	Positive
City of Tshwane	Soshanguve Clinic 3	Arv Clinic				30-MAR-2016		UNKNOWN	1 day	30-MAR-2016	04-APR-2016	MA01743521	119512184	Positive
City of Tshwane	Soshanguve Clinic Jj	Arv Clinic				22-DEC-2015		UNKNOWN	3 months 8 days	30-MAR-2016	07-APR-2016	MA01748359	119790661	Positive
City of Tshwane	Jubilee Hospital	Labour Ward				31-MAR-2016		UNKNOWN	1 day	31-MAR-2016	04-APR-2016	RC00772040	119683793	Positive
City of Tshwane	Kt Matubatse Clinic	Arv Clinic				06-DEC-2014		UNKNOWN	1 year 3 months 25 days	31-MAR-2016	07-APR-2016	MA01748367	119580379	Positive
City of Tshwane	Laudium Clinic	Arv Clinic				19-JAN-2016		UNKNOWN	2 months 12 days	31-MAR-2016	07-APR-2016	MG01932308	116174608	Positive
City of Tshwane	Kalafong Hospital	Medical Opd				17-FEB-1977		UNKNOWN	39 years 1 month 12 days	29-MAR-2016	05-APR-2016	RH00765056	88549648	Indeterminate
City of Tshwane	Soshanguve Clinic T	Arv Clinic				09-MAR-2015		UNKNOWN	1 year 22 days	31-MAR-2016	07-APR-2016	MA01748353	107450688	Indeterminate

# Minimizing missed opportunities in access to care



- Tracing: How to find the infected babies?
  - Linking of WBOTs
  - Babies from difficult psycho-social backgrounds?
- Retention in care:
  - Counselling
  - Information: If mothers understand the process they are more compliant with follow-up
  - Issues: Language, finances, travelling, support structure, fear...



2016



# Keeping track of what is happening: DHIS



Tshwane District		2015										2016	
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
69	Targeted birth PCR test				269	671	744	604	695	949	792	745	
70	Targeted birth PCR test positive				0	1	7	9	5	11	6	9	
71	Infant 1st PCR test around 6 weeks	789	771	790	562	301	288	285	219	236	200	259	
72	Infant 1st PCR test positive around 6 weeks	19	8	14	6	6	3	3	4	9	11	12	

Sub-district	Facility			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
gp Tshwane 2 Health sub-District	gp Jubilee Hospital	31	Delivery in facility total	425	426	397	363	376	393	289	331	343	336	325
		34	Live birth to HIV positive woman	134	60	125	106	52	98	193	113	60	73	129
		56	Targeted birth PCR test					70	89	63	68	51	60	96
		57	Targeted birth PCR test positive					0	0	1	0	2	1	1
	gp Refentse Clinic (Odi)	31	Delivery in facility total	57	66	64	59	46	57	40	55	58	50	57
		34	Live birth to HIV positive woman	10	13	11	16	7	10	8	15	13	13	15
		56	Targeted birth PCR test					7		8	15	15	13	15
		57	Targeted birth PCR test positive					0	0	0	0	0	0	0
	gp Temba CHC	31	Delivery in facility total	54	49	55	49	43	45	48	48	53	60	54
		34	Live birth to HIV positive woman	14	14	11	12	11	14	13	14	14	17	25
		56	Targeted birth PCR test					20		15	15	14	16	25
		57	Targeted birth PCR test positive					0	0	1	0	0	0	2



2016

# City of Tshwane Metro District for the Month of Mar 2016



National Health

Facility

Sub District	Facility	<7 d Total	<7 d Pos	7d-<2mo Total	7d-<2mo Pos	2-<6 mo Total	2-<6 mo Pos	6-<18 mo Total	6-<18 mo Pos	>=18 mo Total	>=18 mo Pos	Total PCR	Total Pos	Total MDO
	Adelaide Tambo Clinic	1	0	2	0	5	1	1	0	0	0	9	1	0
	Atteridgeville Clinic	0	0	1	0	8	2	0	0	0	0	9	2	0
	Boekenhout Clinic	7	0	1	0	9	0	3	0	0	0	20	0	1
	Boikhotsong Clinic	7	0	0	0	8	0	3	0	0	0	18	0	0
	Bophelong Clinic	0	0	0	0	6	0	3	0	0	0	9	0	0
	Bronkhorstspuit Phc Clinic	1	0	0	0	3	0	0	0	0	0	4	0	0
	Danville Clinic	0	0	0	0	7	0	4	1	0	0	11	1	0
	Dark City Community Clinic	12	0	3	0	8	0	3	0	2	0	28	0	2
	De Wagens Drift Clinic	1	0	2	0	5	0	0	0	1	0	9	0	0
	Dilopye Clinic	0	0	3	0	1	0	4	0	0	0	8	0	0
	Dr George Mukhari Hospital	100	1	18	0	9	2	28	0	52	2	207	5	37
	East Lynne Clinic	1	0	0	0	9	0	2	0	0	0	12	0	0
	Eersterus Clinic [Eersterus]	5	0	1	0	9	0	4	0	2	0	21	0	1
	Eersterus Clinic [hammanskraal]	0	0	4	0	15	0	1	0	0	0	20	0	0
	Ekangala Clinic	0	0	2	0	0	0	2	0	1	1	5	1	0
	Eldoraigine Clinic	0	0	0	0	3	0	0	0	0	0	3	0	0
	Ff Ribeiro Clinic A	0	0	1	0	21	0	7	0	2	0	31	0	2
	Folang Clinic	0	0	0	0	9	0	1	0	1	0	11	0	0
	Ga Rankuwa View Clinic	7	0	3	0	8	0	2	0	0	0	20	0	2
	Gazankulu Clinic	0	0	1	0	9	0	5	1	0	0	15	1	0
	Hercules Clinic	0	0	3	0	13	0	8	0	0	0	24	0	0
	Holani Clinic	1	0	0	0	10	0	0	0	0	0	11	0	0
	Jubilee Gateway Clinic	1	0	1	0	16	2	4	0	0	0	22	2	1
	Jubilee Hospital	111	1	2	0	5	3	7	3	8	0	133	7	2
	Kalafong Hospital	142	5	6	0	14	1	57	5	15	0	234	11	21
	Kameeldrift Clinic	0	0	0	0	1	0	1	0	1	0	3	0	0
	Kanana Clinic - Kungwini	0	0	1	0	0	0	0	0	2	0	3	0	2
	Karen Park Clinic	3	0	0	0	11	0	7	0	2	0	23	0	0
	Kekana Gardens Clinic	0	0	0	0	1	0	0	0	0	0	1	0	0
	Kekana Stad Clinic	2	0	2	0	4	0	3	0	2	0	13	0	1
	Kgabo Health Centre Clinic	40	1	3	0	25	0	10	1	1	0	79	2	0

City of Tshwane

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## Quarterly Overview for Gauteng C

All Ages

District	Month	Total	Total LY	Pos	Pos LY	% Pos													
	Jan 2016	3,602	2,622	136	148	3.9	5.7	1,404	1,586	22	26	1.6	1.6	2,198	1,036	114	122	5.4	12.1
	Feb 2016	3,865	2,824	176	147	4.7	5.3	1,434	1,644	30	28	2.2	1.7	2,431	1,180	146	119	6.2	10.4
	Mar 2016	3,916	3,456	160	164	4.2	4.9	1,434	1,903	28	26	2.0	1.4	2,482	1,553	132	138	5.5	9.4
	<b>Total</b>	<b>11,383</b>	<b>8,902</b>	<b>472</b>	<b>459</b>	<b>4.3</b>	<b>5.3</b>	<b>4,272</b>	<b>5,133</b>	<b>80</b>	<b>80</b>	<b>1.9</b>	<b>1.6</b>	<b>7,111</b>	<b>3,769</b>	<b>392</b>	<b>379</b>	<b>5.7</b>	<b>10.5</b>
	Jan 2016	2,262	1,502	36	47	1.7	3.5	1,070	845	11	20	1.1	2.4	1,192	657	25	21	2.2	5.1
	Feb 2016	2,441	1,513	58	55	2.6	4.1	1,157	728	19	6	1.7	0.8	1,284	785	39	49	3.4	7.8
	Mar 2016	2,343	1,694	70	56	3.2	3.7	1,138	929	23	22	2.1	2.5	1,205	765	47	34	4.2	5.4
	<b>Total</b>	<b>7,046</b>	<b>4,709</b>	<b>164</b>	<b>158</b>	<b>2.5</b>	<b>3.7</b>	<b>3,365</b>	<b>2,502</b>	<b>53</b>	<b>48</b>	<b>1.6</b>	<b>2.0</b>	<b>3,681</b>	<b>2,207</b>	<b>111</b>	<b>110</b>	<b>3.0</b>	<b>6.2</b>
	Jan 2016	2,991	1,847	83	71	2.8	3.9	1,426	1,147	20	22	1.4	1.9	1,563	700	63	49	4.1	7.2
	Feb 2016	3,297	2,202	96	94	3.0	4.4	1,530	1,319	22	28	1.5	2.1	1,767	883	74	66	4.3	7.7
	Mar 2016	3,199	2,352	90	106	2.9	4.7	1,523	1,349	15	25	1.0	1.9	1,676	1,003	75	81	4.6	8.5
	<b>Total</b>	<b>9,487</b>	<b>6,401</b>	<b>269</b>	<b>271</b>	<b>2.9</b>	<b>4.3</b>	<b>4,481</b>	<b>3,815</b>	<b>57</b>	<b>75</b>	<b>1.3</b>	<b>2.0</b>	<b>5,006</b>	<b>2,586</b>	<b>212</b>	<b>196</b>	<b>4.4</b>	<b>7.9</b>
	Jan 2016	716	460	17	15	2.4	3.4	333	281	3	2	0.9	0.7	383	179	14	13	3.7	7.6
	Feb 2016	712	586	23	22	3.4	3.8	302	326	1	4	0.3	1.2	410	260	22	18	5.6	7.2
	Mar 2016	678	632	22	26	3.3	4.2	288	386	5	5	1.8	1.3	390	246	17	21	4.4	8.9
	<b>Total</b>	<b>2,106</b>	<b>1,678</b>	<b>62</b>	<b>63</b>	<b>3.0</b>	<b>3.8</b>	<b>923</b>	<b>993</b>	<b>9</b>	<b>11</b>	<b>1.0</b>	<b>1.1</b>	<b>1,183</b>	<b>685</b>	<b>53</b>	<b>52</b>	<b>4.6</b>	<b>7.9</b>
	Jan 2016	734	461	27	15	3.7	3.3	325	291	3	3	0.9	1.0	409	170	24	12	6.0	7.5
	Feb 2016	897	473	25	31	2.9	6.7	389	289	8	10	2.1	3.5	508	184	17	21	3.4	12.0
	Mar 2016	883	538	33	30	3.8	5.7	415	353	9	7	2.2	2.0	468	185	24	23	5.2	12.9
	<b>Total</b>	<b>2,514</b>	<b>1,472</b>	<b>85</b>	<b>76</b>	<b>3.4</b>	<b>5.3</b>	<b>1,129</b>	<b>933</b>	<b>20</b>	<b>20</b>	<b>1.8</b>	<b>2.2</b>	<b>1,385</b>	<b>539</b>	<b>65</b>	<b>56</b>	<b>4.8</b>	<b>10.9</b>
<b>Total</b>		<b>32,536</b>	<b>23,162</b>	<b>1,052</b>	<b>1,027</b>	<b>3.3</b>	<b>4.6</b>	<b>14,170</b>	<b>13,376</b>	<b>219</b>	<b>234</b>	<b>1.6</b>	<b>1.8</b>	<b>18,366</b>	<b>9,786</b>	<b>833</b>	<b>793</b>	<b>4.7</b>	<b>8.7</b>

### Tshwane March 2016:

- Total: 2343 (70+)
- <7d: 1006 (16+)
- 7d-2m: 132 (7+)
- 2-6m: 653 (24+)
- 6-18m: 386 (18+)
- >18m: 166 (5+)





# Fast-tracking PCR+ babies into care



- Neonatal ART initiated: Doctor-initiated
  - Initially at large ART sites
  - Capacity building at all hospitals / ART sites
- Premature infants
- Clear referral pathways a pre-requisite
- Guidelines on down-referrals need to be in place

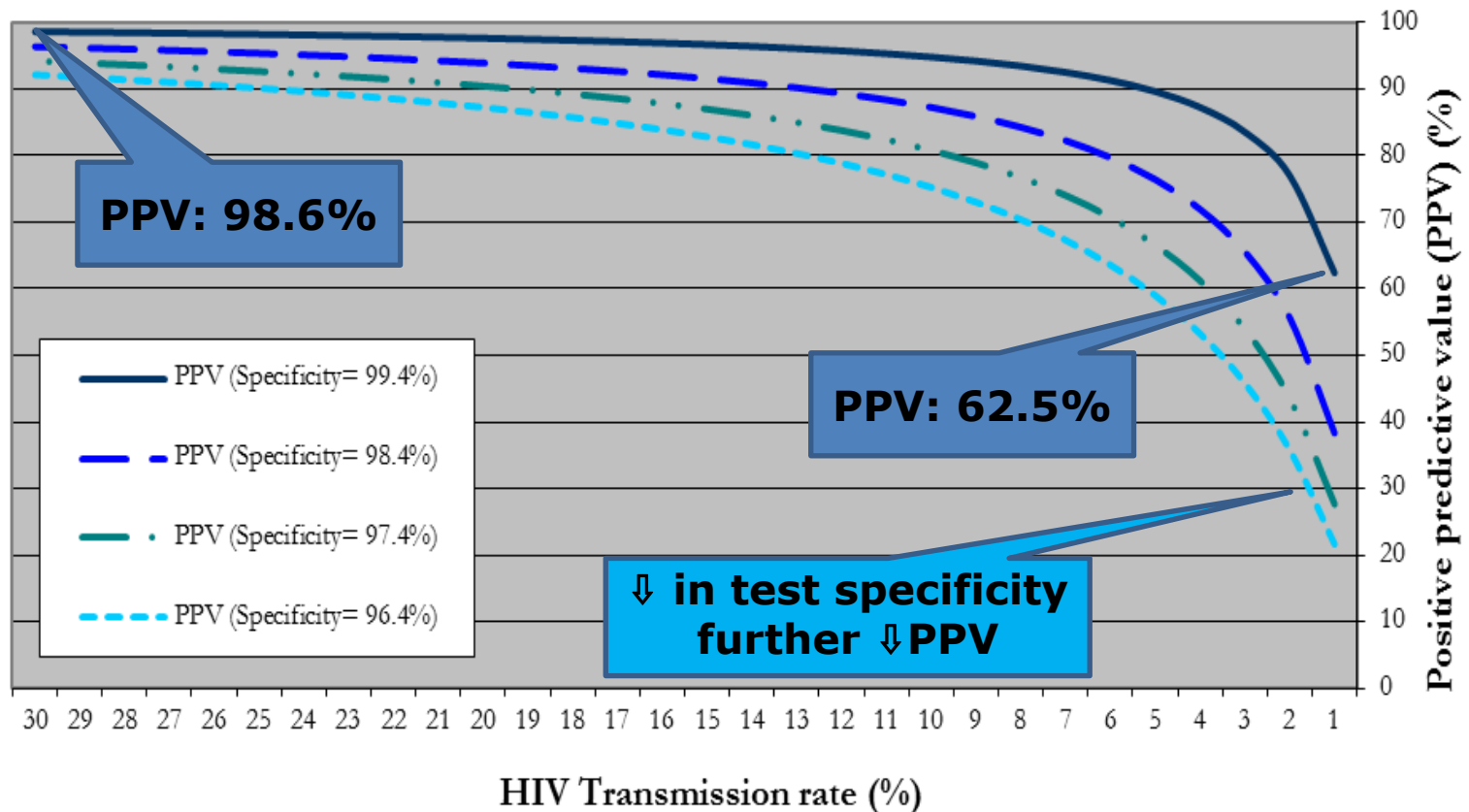
# Avoiding HIV misdiagnosis



➤ Urgency in ART initiation in infancy life-saving;  
**BUT**

➤ Meticulous checking of HIV+ status is vital before starting life-long ART

↓ MTCT  
↓  
↓ PPV of single HIV DNA PCR



# When Birth PCR is POSITIVE:



- Confirmatory HIV DNA PCR
- Refer infant to nearest centre for neonatal ART
  - If no referral site, contact specialist telephonically for advice
- Investigate gaps in PMTCT cascade
- Avoid creating sense of maternal guilt
  - Some do everything correctly but still their infant is positive
  - Some encounter significant barriers (access to care/adherence)
  - Full support with rapid ART initiation

# Counselling: Positive HIV PCR



- Clearly communicate result to mother/caregiver
- Provide emotional support
- Emphasise importance of early ART
- Encourage continuation of breastfeeding ( $\geq 2$  years)
- Develop a treatment and adherence plan
- Link to health worker who will initiate ART
- Provide a follow-up appointment date
- Counselling should be **provided repeatedly**

# Neonatal ART: Step-wise Approach



→ Actively trace infant with positive PCR & link to care

→ Baseline clinical assessment, baseline bloods & genotype if mother 2<sup>nd</sup>/3<sup>rd</sup> line

→ Initiate ART on the same day

→ Week 1 review: Bloods, treatment, counselling, weigh & adjust doses

→ Week 2 review: treatment, counselling, weigh & adjust doses

→ Week 4 review: treatment, counselling, bloods, start CPT, weigh & adjust doses

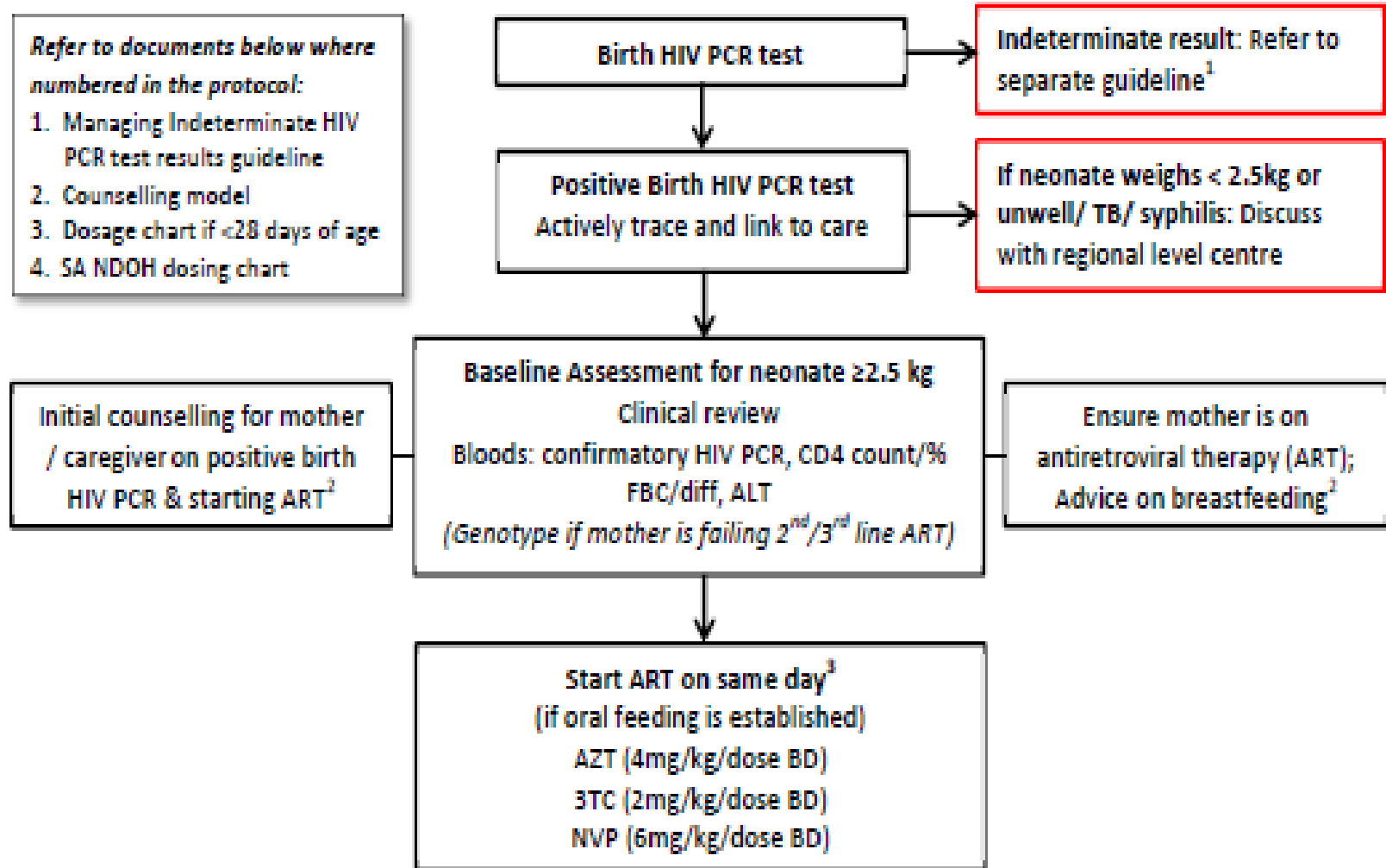
→ Monthly review: treatment, support, weigh & adjust doses

→ Month 6: check Viral Load

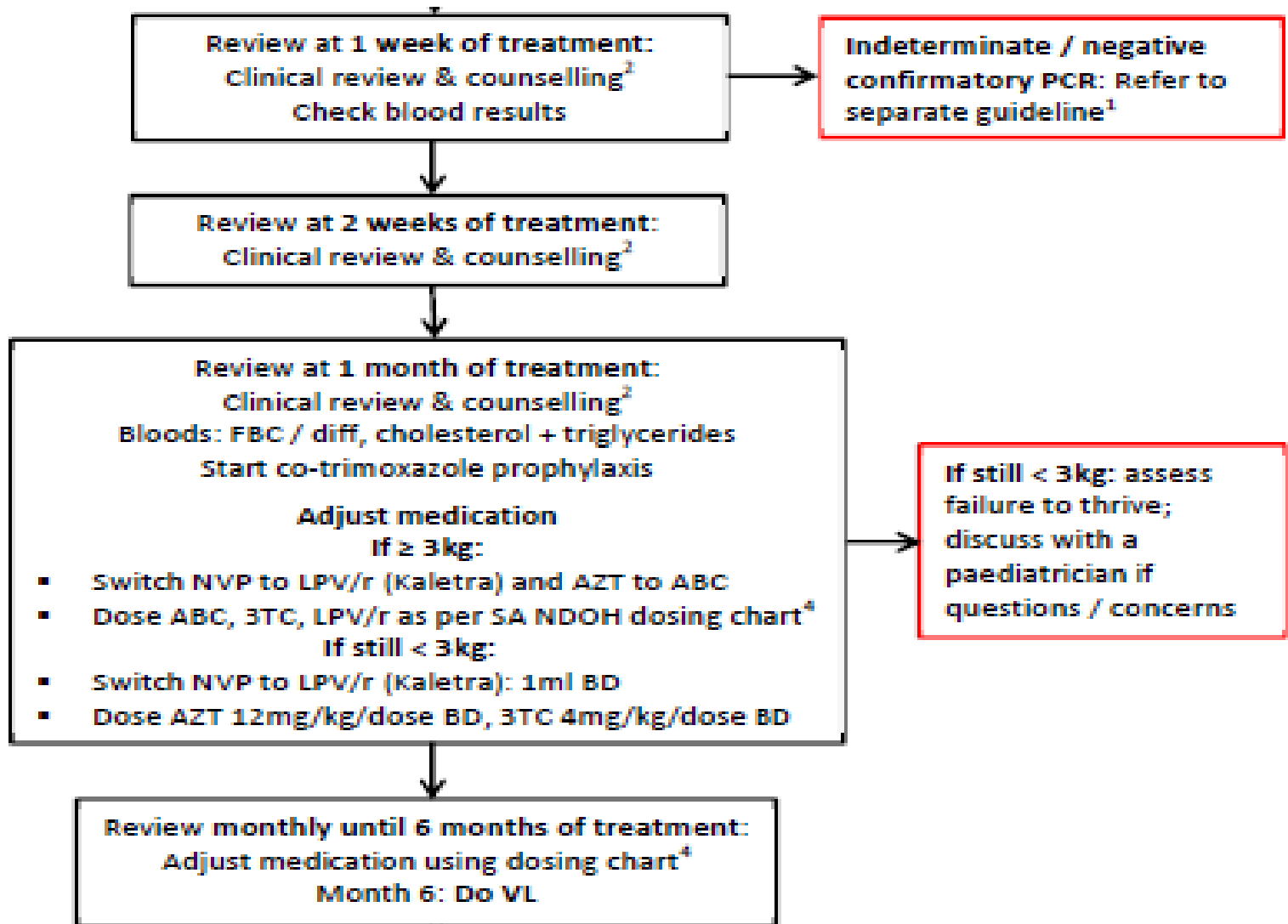
# Neonatal Management: Steps 1 - 3



## Protocol for initiation of ART in HIV-infected neonates $\geq 2.5$ kg at birth



# Neonatal Management: Steps 4 - 8



# Why is the Regimen Different for Neonates?



- Neonates, who are **<28 days old** and **weigh >2.5kg**, to be initiated on AZT, 3TC, NVP
- LPV/r (Kaletra<sup>®</sup>) not safe <14d of age/ <42w gestation
- ABC can only be given once >3kg
- For premature babies (<35w gestation) or babies weighing <2.5kg the options are even more limited
  - Premature/LBW babies with a positive birth HIV PCR require urgent ART initiation & management by a specialist



# Neonatal ART Dosage Chart

Only if <28 days AND >2.5kg



	Lamivudine (3TC)		Zidovudine (AZT)		Nevirapine (NVP)	
<b>Target dose</b>	2mg/kg/dose TWICE daily (BD)		4mg/kg/dose TWICE daily (BD)		6mg/kg/dose TWICE daily (BD)	
<b>Available formulation</b>	10mg/ml		10mg/ml		10mg/ml	
<b>Weight (kg)</b>	<b>Dose in ml</b>	<b>Dose in mg</b>	<b>Dose in ml</b>	<b>Dose in mg</b>	<b>Dose in ml</b>	<b>Dose in mg</b>
≥2.5-<3.0	0.6 ml BD	6 mg BD	1.2 ml BD	12 mg BD	1.8 ml BD	18 mg BD
≥3.0-<3.5	0.7 ml BD	7 mg BD	1.4 ml BD	14 mg BD	2.1 ml BD	21 mg BD
≥3.5-<4.0	0.8 ml BD	8 mg BD	1.6 ml BD	16 mg BD	2.4 ml BD	24 mg BD
≥4.0-<4.5	0.9 ml BD	9 mg BD	1.8 ml BD	18 mg BD	2.7 ml BD	27 mg BD
≥4.5-<5.5	1.0 ml BD	10 mg BD	2.0 ml BD	20 mg BD	3.0 ml BD	30 mg BD
≥5.5-<6.5	1.2ml BD	12 mg BD	2.4 ml BD	24 mg BD	3.6 ml BD	36 mg BD

# ART Dosage Chart

## if > 4 weeks and > 3 kg



### ANTIRETROVIRAL DRUG DOSING CHART FOR CHILDREN 2013

Compiled by the Child and Adolescent Committee of the SA HIV Clinicians Society in collaboration with the Department of Health



	Abacavir (ABC)	Lamivudine (3TC)	Efavirenz (EFV)	Lopinavir/ritonavir (LPV/rtv)	Ritonavir boosting (RTV)	Stavudine (d4T)	Didanosine (ddI)	Nevirapine (NVP)	Zidovudine (AZT)	Target Dose		
<b>Target Dose</b>	8mg/kg TWICE daily OR ≥10kg: 16mg/kg ONCE daily	4mg/kg TWICE daily OR ≥10kg: 8mg/kg ONCE daily	By weight band ONCE daily	300/75mg/m <sup>2</sup> /dose LPV/rtv TWICE daily	ONLY as booster for LPV/rtv when on Zidovudine TWICE daily (0.75xLPV dose bd)	1mg/kg/dose TWICE daily	180-240mg/m <sup>2</sup> /dose ONCE daily	160-200 mg/m <sup>2</sup> /dose TWICE daily (after once daily lead-in x 2 wks)	180-240mg/m <sup>2</sup> /dose TWICE daily	Target Dose		
<b>Available Formulations</b>	Sol 20mg/ml Tabs 60mg (scored dispersible), 300mg (not scored), ABC/3TC 600/300mg	Sol 10mg/ml Tabs 150mg (scored), 300mg, ABC/3TC 600/300mg	Caps 50,200mg Tabs 50,200, 600mg (not scored)	Sol 80/20mg/ml Adult Tabs 200/50mg, Paeds Tabs 100/25mg	Sol 80mg/ml	Sol 1mg/ml Caps 15,20,30mg	Tabts 25,50,100mg (dispersible in 30ml water) Caps 250mg EC	Sol 10mg/ml Tabs 200mg (scored)	Sol 10mg/ml Caps 100mg Tabs 300mg (not scored), AZT/3TC 300/150mg	Available Formulations		
<b>Wt. (kg)</b>	<b>Currently available tablet formulations of abacavir (except 60mg), efavirenz, LPV/rtv and AZT must be swallowed whole and NOT chewed, divided or crushed</b>											
<3	<b>Consult with a clinician experienced in paediatric ARV prescribing for neonates (&lt;28 days of age) and infants weighing &lt;3kg</b>											
3-3.9	2ml bd	2ml bd	Avoid using when <10kg or <3 years: dosing not established	*1ml bd	1ml bd	6ml	Avoid	5ml bd	6ml bd	3-3.9		
4-4.9										4-4.9		
5-5.9	3ml bd	3ml bd				7.5mg bd: open 15mg capsule into 5ml water: give 2.5ml	100mg od: (2x50mg tabs)			5-5.9		
6-6.9					*1.5ml bd	1.5ml bd				6-6.9		
7-7.9	4ml bd	4ml bd				10mg bd: open 20mg capsule into 5ml water: give 2.5ml	125mg od: (1x100mg + 1x25mg tabs)	8ml bd		7-7.9		
8-8.9										8-8.9		
9-9.9									9-9.9			
10-10.9	Choose only one option: 6ml bd OR 2x60mg tabs bd		Choose only one option: 6ml bd OR 12ml od		200mg nocte (1x200mg cap/tab)	2ml bd	1.5ml bd	15mg bd: open 15mg capsule into 5ml water	150mg od: (1x100mg + 1x50mg tabs)	10ml bd	10-10.9	
11-13.9										11-13.9		
14-16.9	8ml bd OR 2.5x60mg tabs bd	5x60mg tabs od OR 1x300mg tab od OR 15ml od	½ x150mg tab bd OR 8ml bd	1x150mg tab od OR 15ml od	300mg nocte: (200mg cap/tab + 2x50mg cap/tab)	Choose one option: -2.5ml bd -100/25mg paeds tabs: 2 bd -200/50mg adult tabs: 1 bd	2ml bd	20mg bd: open 20mg capsule into 5ml water (if the child is unable to swallow a capsule)	175mg od: (1x100mg + 1x50mg + 1x25mg)	1 tab am ½ tab pm OR 15ml bd	2 caps am 1 cap pm OR 15ml bd	14-16.9
17-19.9										17-19.9		
20-22.9	10ml bd OR 3x60mg tabs bd	1x300mg tab + 1x60mg tab od OR 1x300mg tab + 2x60mg tabs od	1x150mg tab bd OR 15ml bd	2x150mg tab od OR 1x300mg tab od OR 30ml od	Choose one option: -3ml bd -100/25mg paeds tabs: 2 bd -200/50mg adult tabs: 1 bd	2.5ml bd		200mg od: (2x100mg tabs)		2 caps bd OR 20ml bd	20-22.9	
23-24.9										23-24.9		
25-29.9	1x300mg tab bd	2x300mg tabs od OR 1xABC/3TC 600/300mg tab od	1x150mg tab bd	2x150mg tabs od OR 1x300mg tab od OR 1xABC/3TC 600/300mg tab od	400mg nocte: (2x200mg caps/ tabs)	Choose one option: -3.5ml bd -100/25mg paeds tabs: 3 bd -#200/50mg adult tabs: 1 bd + 100/25mg paeds tabs: 1 bd	3ml bd	250mg od: (2x100mg + 1x50mg tab) OR 1x250mg EC cap od		1 tab bd	1x300mg tab bd OR 1xAZT/3TC 300/150mg tab bd	25-29.9
30-34.9						Choose one option: -4ml bd -100/25mg paeds tabs: 3 bd -#200/50mg adult tabs: 1 bd + 100/25mg paeds tabs: 1 bd				1 tab bd	30-34.9	
35-39.9						Choose one option: -5ml bd -200/50mg adult tabs: 2 bd					35-39.9	
>40				600mg tab nocte						4ml bd	>40	

od = once a day  
(usually at night)  
bd = twice a day

\* Avoid LPV/rtv solution in any full term infant <14 days of age and any premature infant <14 days after their due date of delivery (40 weeks post conception) or obtain expert advice.  
# Children 25-34.9kg may also be dosed with LPV/rtv 200/50mg adult tabs: 2 tabs am; 1 tab pm

Weight (kg)	3-4.9	5-9.9	10-13.9	14-29.9	≥30
<b>Cotrimoxazole Dose</b>	2.5ml od	5ml od	2 tabs od	10ml or 1 tab od	2 tabs od
<b>Multivitamin Dose</b>	2.5ml od	2.5ml od	5ml od	5ml od	10ml or 1 tab od

# Supporting Correct Dosage at Home

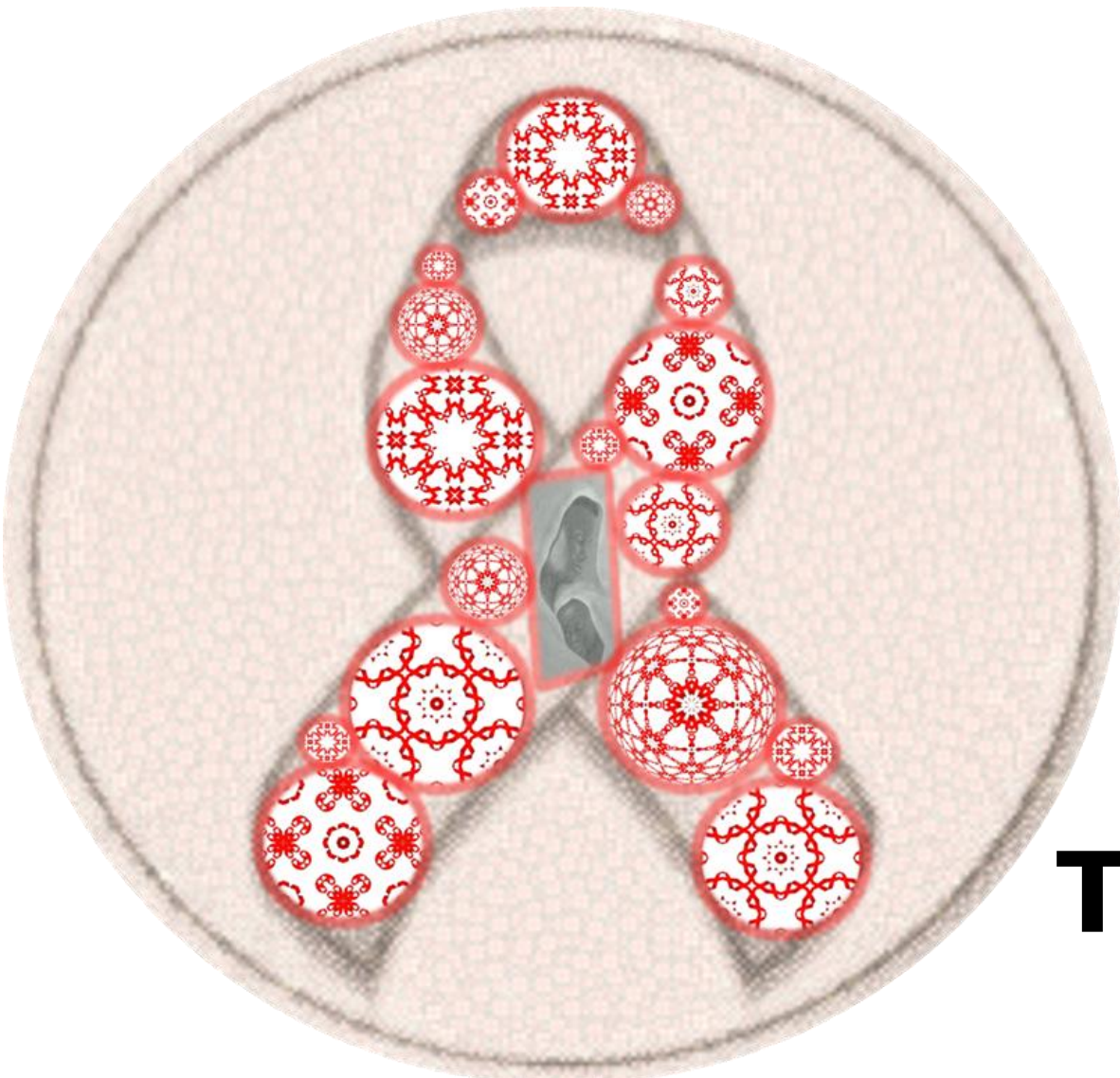


- Emphasise TWICE DAILY treatment (unlike maternal FDC)
- Supply 3 separate syringes & mark correct dosage
- Colour code bottles and syringes
- Demonstrate to caregiver how to correctly administer ART
- Observe caregiver give ART
- Explain to caregiver that doses will be reviewed at every visit and will change as baby gains weight

# Conclusions



- Birth PCR testing gives us the opportunity to start ART early
- Tracing of infants is absolutely crucial
- Small numbers of infants due to PMTCT success, but  
their management is more complex



**Thank you!**



**2016**