Assessing an Elevated Viral Load

A thorough assessment is essential for any client with a viral load measuring ≥ 50 c/ml			
Adherence	A	Is adherence to medication poor? Ask about factors that may influence adherence e.g. Direct cost of clinic visits to patient, e.g. transport, loss of income, cost of paying another person to take on social responsibilities • Taking time away from existing work, finding work and/or social care responsibilities • Needing to travel for extended periods of time • Medication side-effects • Unpalatable medications • Depression or other mental health conditions • Alcohol or substance abuse • Poor social support and/or GBV • Non-disclosure Pregnant women may experience nausea/vomitting, heartburn, and constipation. Assess the need for symptomatic treatment with an anti-emetic, anti-diarrhea agent, or fiber supplement. Adherence difficulties in young children are often linked to poor tolerability of unpalatable formulations, particularly LPV/r solution. It is important to ask the caregiver about how the child tolerates the medication e.g., does the child refuse to swallow the medicine or spit, or vomit the medicine out?	**Tips** Ask open ended questions e.g. "What makes it difficult for you to collect or take your treatment?", and "How many doses have you missed this week?" Statements like "we all miss a dose now and then" can encourage a client to be more open. Create a safe and non-judgemental space for your client to discuss challenges.
Bugs	B	Check for symptoms and signs of infection. Do a TB and STI screen.	Remember that immune compromised, malnourished, and pregnant clients may not exhibit overt symptoms of TB. If in doubt, do a TB GXP.
Correct Dose	C	Is the client on the correct dose for their weight? This is especially applicable to growing children, or clients with deteriorating renal function or previous renal impairment	
Drug Interactions	D	Are there any potential drug interactions? Consider: • Other prescribed treatment e.g. rifampicin, anti-epilepsy drugs and pregnancy supplements (iron, calcium) • Over the counter treatment e.g., antacids, multivitamins • Other supplements and herbal/traditional medications e.g. St John's wort	See also ***"Drug Interactions with DTG and Rifampicin-containing TB Treatment" on page 13*** If in any doubt, call the **HIV Hotline 0800 212 506** or one of the ***"Helplines"***
REsistance	E	Consider HIV drug resistance if other causes of virological failure have been excluded and the client is adherent to their medication by an objective measure.	Refer to the algorithm ***"Management of Confirmed Virological Failure on TLD"***

Clinician considerations for providing Enhanced Adherence Counselling (EAC)

Barrier to adherence	Intervention	EAC indicated?
Difficulty getting to facility to collect treatment	Reduce unnecessary visits through enrolling client in a RPCs model or providing multi-month dispensing (MMD)	No need for EAC
Drug side effects or unpalatability impacting adherence?	Change to more palatable regimen	No need for EAC
Challenges with taking/remembering to take treatment	Provide EAC	

Enhanced Adherence Support

Enhanced Adherence Counselling (EAC) is aimed at non-stable clients presenting with adherence issues or poor treatment response and/or signs of treatment failure. Enhance Adherence Counselling focuses on:

- Providing education on the outcome of their latest clinical assessment and VL results
- Understanding what the client already knows or doesn't know regarding their treatment and the importance of VL suppression
- Doing a mental health screen
- Correcting any misconceptions and allowing flexibility around the most common barriers to adherence (such as alcohol/ drug consumption, forgetting doses due to a rigid schedule, etc.).
- Assessing and understanding the barriers that affect the client's adherence
- Developing adherence strategies to overcome these

'better late than never': clients should be counselled they can take their ARVs up to several hours late if they miss their chosen time

To support the above processes, the following useful tools extracted from the Differentiated Care Models Standard Operating Procedures 2023 included in the annexures:

- SOP 2 Enhanced Adherence Counselling (Annexure 3)
- Mental Health Screen (Annexure 4)
- Child and adolescent disclosure counseling for children living with HIV (Annexure 7)