GIVE **FOLLOW-UP CARE**

HIV INFECTION NOT ON ART

All children with confirmed HIV should be initiated on ART

Children whose caregivers are not willing and able to start ART should be referred to the counselor and social worker to identify obstacles to treatment and should start ART as soon as possible.

The following should be provided at each visit:

- Routine child health care: immunisation, growth monitoring, feeding assessment and counseling and developmental screening
- Find out why the child is not on ART and counsel appropriately
- Provide cotrimoxazole prophylaxis (p. 38)
- Assessment, classification and treatment of any new problem
- Ask about the caregiver's health. Provide HIV testing and treatment if necessary

SUSPECTED SYMPTOMATIC HIV INFECTION

Children with this classification should be tested immediately with an age-appropriate HIV test, and reclassified on the basis of their test result

See the child at least once a month. At each visit:

- Provide routine child health care: immunization, growth monitoring, feeding assessment and counseling, and developmental screening
- Provide Cotrimoxazole prophylaxis from 6 weeks of age (p. 38)
- Assess, classify and treat any new problem
- Ask about the caregiver's health. Provide HIV testing and appropriate treatment

HIV-EXPOSED: ON ARV PROPHYLAXIS, ONGOING HIV EXPOSURE OR HIV-EXPOSED

See the child at least once every month. At each visit provide:

- Routine child health care: immunisation, growth monitoring, and developmental screening
- Check that the infant/ child has been receiving prophylactic ARVs correctly (p. 12)
- Support the mother to exclusively breastfeed the infant (p. 17 - 18). If the infant is not breastfed, provide counselling on replacement feeding (p. 23-25) and address any feeding problems (p. 21)
- Infants of mothers on 1st line regimens and VL > 1000 copies/ ml:
  - Regain maternal VL suppression as a matter of urgency
  - Continue breastfeeding
  - Continue or re-initiate high risk prophylaxis with AZT twice daily for 6 weeks and NVP once daily for a minimum of 12 weeks
  - NVP should only be stopped once the maternal VL is confirmed to be < 1000 copies/ ml, or until 1 week after all breastfeeding has stopped
- Infants of mothers on 2nd or 3rd line regimens and VL >1000 copies/ ml:
  - Advise not to breastfeed
  - Arrange replacement feeding through dietitian
- Provide cotrimoxazole prophylaxis (p. 38)
- Assess, classify and treat any new problem
- Recheck the child's HIV status according to the HIV testing schedule (below). Reclassify the child according to the test result, and provide care accordingly
- Ask about the caregiver's health. Provide counselling, testing and treatment as necessary

HIV TEST

NB: All HIV-exposed infants not on ART should be tested/ retested:

- At birth
- At 10 weeks of age
- At 6 months of age
- If the child becomes ill or develops symptoms of HIV
- At 18 months of age (all infants regardless of HIV exposure)
- 6 weeks after cessation of breastfeeding
- In infants/ children under 18 months of age, test and confirm HIV with HIV PCR tests

AGE		INITIAL TEST	CONFIRMATORY TEST
< 18 months	HIV-exposed	HIV PCR	2nd HIV PCR
	Exposure unknown	A positive HIV antibody test confirms exposure. HIV PCR test to determine if child is infected.	2nd HIV PCR
Infant 18 - 24 months		HIV antibody (rapid or ELISA)	HIV PCR
Child > 2 years		HIV antibody (rapid or ELISA)	HIV antibody (rapid or ELISA)