ROUTINE **LABORATORY TESTS**

- Laboratory tests that should be routinely sent are shown in the table below
- Always make sure that the results are correctly recorded in the child's records and Paediatric and Adolescent Stationery
- Make sure that you act on the tests: if you are unsure discuss the test results with a colleague or refer the child

TEST	WHEN SHOULD IT BE DONE
CD4 count and percentage	• At ART initiation • After 12 months on ART • Thereafter every 6 months until the child meets the criteria to discontinue cotrimoxazole prophylaxis • If not virally suppressed, monitor CD4 count 6 monthly
Viral load (VL)	• After 6 months on ART • Thereafter, if virally suppressed, every 12 months • If not virally suppressed, address adherence, repeat VL after 3 months and reassess
Hb or FBC	• At initiation/ before change to 2nd line ART • If less than 8 g/dl refer to next level of care • If on AZT (1st or 2nd line ART)
Non-fasting total cholesterol and triglycerides	**For children on Protease Inhibitor based regimens (LPV/r, ATV/r, DRV/r)** • After 3 months on ART • Then every 12 months thereafter, if within normal/ acceptable range
Creatinine and creatinine clearance (Cr Cl)	**For children/ adolescents on tenofovir (TDF)** • At initiation • At month 3, 6 and 12 • Thereafter, repeat every 12 months

VIRAL LOAD (VL)	RESPONSE
Lower than detectable limits (LDL) or <50 copies/mL	• Praise the patient and caregiver (s) • Continue VL monitoring according to normal schedule • Continue routine follow up and adherence support
50 - 1 000 copies/mL	• Begin step up adherence package • Repeat VL in 3 months • Thereafter monitor VL according to normal schedule if adherence support is effective
>1 000 copies/mL	• Begin step-up adherence package • Repeat VL in 3 months: - If <50: Return to routine monitoring as above - If 50 - 1 000: Continue step up adherence support and repeat VL after 6 months - If VL still >1000: Refer to doctor visiting the clinic or local hospital if no visiting doctor
Creatinine and creatinine clearance (Cr Cl)	**For children/ adolescents on tenofovir (TDF)** • At initiation • At month 3, 6 and 12 • Thereafter, repeat every 12 months

ADHERENCE PRINCIPLES

- Very high levels of adherence (>95%) should be attained for adequate virological response and prevention of viral resistance
- This can be achieved with regular education and support
- All efforts to encourage this level of adherence should be made
- Viral load measurements are useful for monitoring adherence