PROVIDE FOLLOW-UP **FOR CHILDREN ON ART:** Follow the seven steps

STEP 1: ASSESS AND CLASSIFY

- **ASK:** Does the child have any problems?
- Has the child received care at another health facility since the last visit?
- Check for General Danger Signs (p. 24)
- Check for ART Danger Signs
  - Severe skin rash
  - Difficulty breathing and severe abdominal pain
  - Yellow eyes
  - Fever, vomiting, rash (only if on abacavir)

  → If present, **REFER URGENTLY**
- Check for main symptoms (p. 5 - 10 or 24 - 31). Treat and follow-up accordingly.
- Consider (screen for) TB: Assess, classify and manage (p. 33)
- If child has TB, refer to next level of care

STEP 2: MONITOR PROGRESS ON ART

ASSESS AND CLASSIFY FOR NUTRITION AND ANAEMIA (P. 30 AND 31):
- Record the child's weight, height and head circumference

ASSESS DEVELOPMENT:
- Decide if the child is: developing well, has some delay or is losing milestones

ASSESS ADHERENCE:
- Ask about adherence and how often, if ever, the child misses a dose
- Record your assessment

ASSESS DRUG RELATED SIDE-EFFECTS:
- Ask about side-effects. Ask specifically about the side-effects in the table on p. 59

ASSESS CLINICAL PROGRESS: (P. 53)
- Assess the child's stage of HIV infection
- Compare with the stage at previous visits

MONITOR BLOOD RESULTS: (P. 58)
- Record results of tests that have been sent. Send tests that are due (p. 58)

IF ANY OF THE FOLLOWING ARE PRESENT, REFER THE CHILD (NON-URGENTLY)
- Not gaining weight for 3 months despite nutritional supplements
- Loss of milestones
- Poor adherence despite adherence counselling
- Significant side-effects despite appropriate management
- Higher WHO stage than before (clinical deterioration)
- Any WHO stage 4 condition
- CD4 count significantly lower than before or < 50 cells/mL
- Viral load >1000 copies despite adherence counselling
- Total non-fasting cholesterol >3.5 mmol/L
- TGs >5.6 mmol/L
- Other abnormal clinical or lab findings

Manage mild side-effects (p. 59)

STEP 3: CHECK FOR VIRAL SUPPRESSION AND PROVIDE ART

VIRAL LOAD MONITORING:
- If VL is between 50 -1000 copies/mL, begin step-up adherence support and repeat VL after 3 months
- If VL is >1000 copies/mL, begin step-up adherence support and repeat VL after 3 months
  If the repeat VL is:
  - <50 copies/mL, return to routine VL monitoring
  - 50-1000 copes/mL, continue step-up adherence support and repeat VL after 6 months
  - >1000 copies/mL, refer the child to be managed for possible treatment failure

PROVIDE ART
- Check ARV doses —these will need to increase as the child grows
- Check if child is eligible to transition onto a new ARV regimen. See p. 52 and 59

STEP 4: PROVIDE OTHER HIV TREATMENTS

- Provide cotrimoxazole prophylaxis (p. 38)
- Remember to stop when it is no longer needed

STEP 5: PROVIDE ROUTINE CARE

- Check that the child's immunisations are up to date (p. 34)
- Provide Vitamin A and deworming if due (p. 34)

STEP 6: COUNSEL THE CAREGIVER

- Use every visit to educate and provide support to the caregiver
- Key issues to discuss include: How the child is progressing, feeding, adherence, side-effects and correct management, disclosure (to others and to the child), support for the caregiver, access to CSG and other grants
- Ask about the health of the mother, father, and siblings. Remember that VL suppression is critical in all family members living with HIV

STEP 7: ARRANGE FOLLOW-UP CARE

- If the child is well, make an appropriate follow-up date in 1-3 months time, taking into account repeat medication, blood results and clinical check ups
- If there are any problems, follow-up more frequently