**SOUTH AFRICAN ANTIRETROVIRAL TREATMENT GUIDELINES (CHILDREN) 2015**

### Eligibility Criteria

| Children < 5 years, irrespective of CD4 | Children 5 – 15 years: WHO clinical stage 3 or 4 (WHO stage 4) |
| CD4 ≤ 200 cells/µL, < 15 % |

### Social Considerations

The following points are important considerations to make the principle of adherence to treatment possible:

- One identified caregiver who is able to supervise the child for administering medication
- Disclosure to another adult living in the same house, to supervise the child’s ART

### Monitoring

<table>
<thead>
<tr>
<th>Test</th>
<th>Purpose</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height, weight, head circumference and development</td>
<td>To monitor growth and developmental stage</td>
<td>Use the ‘Food for Health’ chart as tool to guide growth.</td>
</tr>
</tbody>
</table>
| Verify HIV status | To ensure that national testing algorithm has been followed | Follow testing algorithm as per guidelines and document HIV status clearly. | Table 2: HIV testing algorithm.

### Regimens

#### 1st line

- ABC + 3TC + EFV
- Children who started on ABC + 3TC + LPV/r before 5 years should remain on the same regimen after they turn 3

#### 2nd line

- Abacavir (3TC) + EFV
- Children aged ≥ 10 years

#### 3rd line

- ATV
- Children ≥ 5 years

### Drug Interactions

#### Pracampivim/Tofosine (ATPV)

- Children ≥ 5 years

### Practical Advice For Administration of ARVs

- It is important to check regularly that children receive the correct dose, based on their weight and height, to avoid serious adverse events.

### Isoniazid Preventive Therapy

- PT is indicated for HIV-positive children with a direct TB contact (someone with TB who resides with the child).
- Active TB has been excluded in the child with symptoms suggestive of TB (symptoms include coughing, night sweats, unexplained weight loss, persistent fever of more than two weeks, poor weight gain, fatigue).
- Dosage: Isoniazid (INH) 10mg/kg for 6 months (max dose 300mg daily). Do not discontinue the drug.

### Children With Concomitant Tuberculosis

- Children taking ART and TB treatment together will need to increase the number of pills. If the child can’t tolerate the large number of drugs, ART may have to be interrupted until TB therapy has been completed – however this should only be done if the child is stable and has a good CD4 count, and in consultation with a treatment expert. Always review suppression if ART for more than 6 months.

### Current ART regimens

- **EFV-based regimens**
  - No dose adjustments or changes in ART regimen and standard dose to treatment should be adhered

- **LPV/r-based regimens**
  - ART and PI should be added according to the parallel dosing chart.
  - ART regimen should be dosed at standard doses.

- **NNRTI-based regimens**
  - 1 or 2 years or 10kg, Switch to EFV
  - ≥ 3 years or 10kg, Switch to EFV

### Practical Advice For Administration of ARVs

- It is important to check regularly that children receive the correct dose, based on their weight and height, to avoid serious adverse events.

### Isoniazid Preventive Therapy

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- Active TB has been excluded in the child with symptoms suggestive of TB (symptoms include coughing, night sweats, unexplained weight loss, persistent fever of more than two weeks, poor weight gain, fatigue).
- Dosage: Isoniazid (INH) 10mg/kg for 6 months (max dose 300mg daily).
- Children ≥ 5 years
  - Add pyridoxine (Vitamin B6) 25mg daily in children ≥ 5 years, or 12.5mg daily in children < 5 years for duration of PT.

### Follow-Up Testing in Patients On ART

**At every visit:**

- Height, weight, head circumference (≥ 2 years) and development
- Clinical assessment
- Ask about side-effects
- TB Screen

### Drug Test Frequency

#### Drug

- **ABC**
- MDR ART
- Children aged ≥ 10 years

### Monitoring

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<tr>
<td>HAART treatment or preferred ART</td>
<td>To assess for drug efficacy and toxicity</td>
</tr>
</tbody>
</table>

### Do the following tests if the patient is on the drug that may cause the adverse event

<table>
<thead>
<tr>
<th>Drug</th>
<th>Test Frequency</th>
<th>Action/Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATV</td>
<td>Ha or FVL</td>
<td>N/A</td>
</tr>
<tr>
<td>LPV</td>
<td>Cholesterol and triglycerides (TG)</td>
<td>cirrhosis</td>
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### Additional Information

- Children may be missed and powder contents dispersed in water (tablet or suspension in 200mg/mL)
- Children may develop side-effects with ART at any time.
- Children may be missed and powder contents dispersed in water (tablet or suspension in 200mg/mL) and given a small amount of food (e.g. yoghurt) and immediately rinsed. Food may be high in milk sugar, which can increase the risk of adverse events (e.g. diarrhea).

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**Contact the TOLL-FREE National HIV & TB Health Care Worker Hotline**

**0800 212 206 / 021 - 406 6782**

Alternatively send an SMS or “Please Call Me” to 071 840 1572 and follow instructions on mobile.”

**Development and Implementation Team**

**Website**: www.mic.uct.ac.za

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