**SOUTH AFRICAN ANTIRETROVIRAL TREATMENT GUIDELINES 2015**

**(Infants < 4 weeks, children & young adolescents < 15 years)**

**THIRD EDITION FEBRUARY 2018**

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**ELIGIBILITY CRITERIA**

All HIV positive children, irrespective of CD4 or clinical staging

**WHEN TO START**

**PATIENTS REQUIRING FAST TRACK**

START ANTIRETROVIRAL TREATMENT (ART) WITHIN TOXICITY OF BEING ILLIGUEBLE

- Children < 3 years
- WHO clinical stage 4
- CD4 ≤ 200 cells/µL or ≤ 15 %

**SOCIAL CONSIDERATIONS**

The following points are important to consider:

- One identifiable caregiver who is able to supervise the child, and administer medication.
- Discourage to another adult living in the same house, to supervise the child’s ART when the caregiver is unavailable.
- Treatment of mother/Caregiver/other family member is to be encouraged.

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**REGIMENS**

**1ST LINE**

- Neovir (infants < 4 weeks old)
  - Refer to guideline on initiation of ART in infants < 4 weeks, or phone HIV hotline (0800 212 506)
- ABC + T4C + LPV/r
  - When children turn 3 years old, they should be started on LPV/r.
  - Refer to HIV Hotline for patient-specific cases

**2ND LINE**

- Kivex/ABC + 3TC + LPV/r
- Change LPV/r to EFV. Refer to HIV Hotline

**3RD LINE**

- Stavudine
- Didanosine
- Efavirenz
- LPV/r to EFV. Refer to HIV Hotline

**MONITORING**

**BASELINE**

**Test**

- Purpose
- Interpretation/Action

**Test**

- Weight, height, circumference (≤ 2 years) and development
- To monitor growth, developmental stage and determine correct dose of ART

**Verify HIV status**

- Ensure that the national testing algorithm has been followed
- Follow testing algorithm as per guidelines and document HIV status clearly

**Screen for TB symptoms**

- To identify TB/HIV co-infection
- Suspect TB in patients with the following symptoms: coughing, night sweats, weight loss, constitutional symptoms or TB

**WHO Clinical staging (≤ 5 years) and CD4 count (< 6 months)**

- To determine immunity state of patient, priority for initiating ART and the need for co-trimoxazole prophylaxis (CPT)
- CD4 ≥ 200 cells/µL: Immediate priority
- CD4 ≤ 200 cells/µL: Fast track priority
- Eligibility for co-trimoxazole prophylaxis (CPT):
  - HIV-positive children < 4 weeks + < 1 year, regardless of CD4
  - HIV-positive child 1-5 years with WHO stage 2, 3 or 4; CD4 < 250
  - HIV-positive child 6 years with WHO stage 3 or 4; CD4 < 250

**INCLIDE THE FOLLOWING BASELINE TESTS IF PATIENT IS STARTING ART WITH**

**LPUV**

- Cholesteryl and triglycerides
- Baseline assessment

**TB treatment or jaundiced**

- ALT
- To assess for liver dysfunction

**FOLLOW-UP TESTING IN PATIENTS ON ART**

**CD4 count (per month)**

- At 1 year, and annually if clinically indicated
- CD4 count should be following on T20 consecutive occasions 3 to 6 months apart:
  - 1 to 5 years: CD4 ≥ 200 cells/µL (if previous P2P stop at 5 years old)
  - 6 years: CD4 ≥ 200 cells/µL
- HIV-positive infants < 12 months should remain on CPT

**DO THE FOLLOWING TESTS IF THE PATIENT IS ON THE DRUG THAT MAY CAUSE THE ADVERSE EVENT**

**DRUG**

- AZT
- HB or HBC
- Hb g/L
- Use alternative – consult with expert

**LPV/r**

- Cholesteryl + triglycerides
- Preferably fasting
- Actively
- To monitor PI related metabolic side effects
  - Consult with specialist if it is a significant difference noted from patient’s previous lipid profile and advise dietary modification

**TB treatment, or NVL, or EFV**

- ALT
- Signs/symptoms of hepatitis (e.g. nausea, vomiting, jaundice)
  - If ALT is abnormal, refer to specialist or phone the HIV hotline (0800 212 506)

**NVP**

- ALT
- If rash develops

**RESOURCES**

- Available on www.mic.uct.ac.za

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**CHILDREN WITH CONCOMITANT TUBERCULOSIS**

Children taking ART and TB treatment together will have to tolerate a large number of pills. Intensity adherence support. Always review viral suppression if ART for more than 6 months.

**CURRENT ART REGIMEN**

**RECOMMENDATIONS**

- EFV-based regimen
  - No dose adjustments or changes in ART regimen and standard dose TB treatment should be added

- LPV/r-based regimen
  - AND receiving a ritapimav-containing TB regimen: Additional stavudine should be added according to the paediatric dosing chart. TB treatment should be based on standard doses. Stop ritapimav 2 weeks after TB treatment completed

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**ISONIAZID PREVENTIVE THERAPY**

- INDICATIONS
  - HIV positive children irrespective of age, or direct pulmonay TB contact (someone with TB who resides with the child, after active TB has been excluded in the child by X-ray and symptom screening (symptoms: coughing, night sweats, unexplained weight loss, persistent fever of more than two weeks, poor weight gain, fatigue)
  - HIV infected children 5 – 14 years without history of close contact but tuberculin skin test (TST) positive

- Consult with specialist if close contact has confirmed or suspected drug resistant TB

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**DOSAGE AND ADMINISTRATION**

- INTRAVENOUS (IV) 10 mg/kg/day for 6 months (max dose: 300 mg daily)

- Crush or taper the fraction of the 100 mg tablet dissolve in water or multivitamin syrup before giving it to the child

- Add pyridoxine (Vitamin B6) 25 mg daily in children > 5 years, or 12.5 mg daily in children < 5 years for duration of IPT

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**PRACTICAL ADVICE FOR ADMINISTRATION OF ARVs**

- It is important to check regularly that children receive the correct doses, based on their weight
- In older children or adolescents to ensure that maximum doses are not exceeded
- Always prevent fixed dose combinations if appropriate

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**ARV**

**PRACTICAL ADVICE**

**ART**

- Advance children to the appropriate regimen according to what works best for the child, while considering patient preference and dietary modification.
- Patients should be referred to the HIV clinic for patients who have had a hyperosmolar reaction, ABC should be stopped and never re-introduced.
- ART combinations, regardless of drugs, must be swallowed whole and never chewed or divided.

**SIDE EFFECTS**

- Nausea, vomiting, diarrhea, abdominal pain
- Rash, fever, muscle weakness, headache
- Insomnia

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**ACHEF**

- Side effects
- Fever
- Rash
- Anorexia
- Headache

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**REFERENCES**

- Updated November 2020 to incorporate the National Test and Treat protocol implemented by NDoH, Sep 2016.

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**CONTACT CONTACT THE TOLL FREE National HIV & TB Health Care Worker Hotline**

**0800 212 506 / #212 406 6782**

Alternatively “whatsapp” or send an SMS to “Pharmac Needs” to the

**071 840 1572**

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**NATIONAL TOLL FREE ART REGISTRATION TELEPHONE LINES**

2015

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