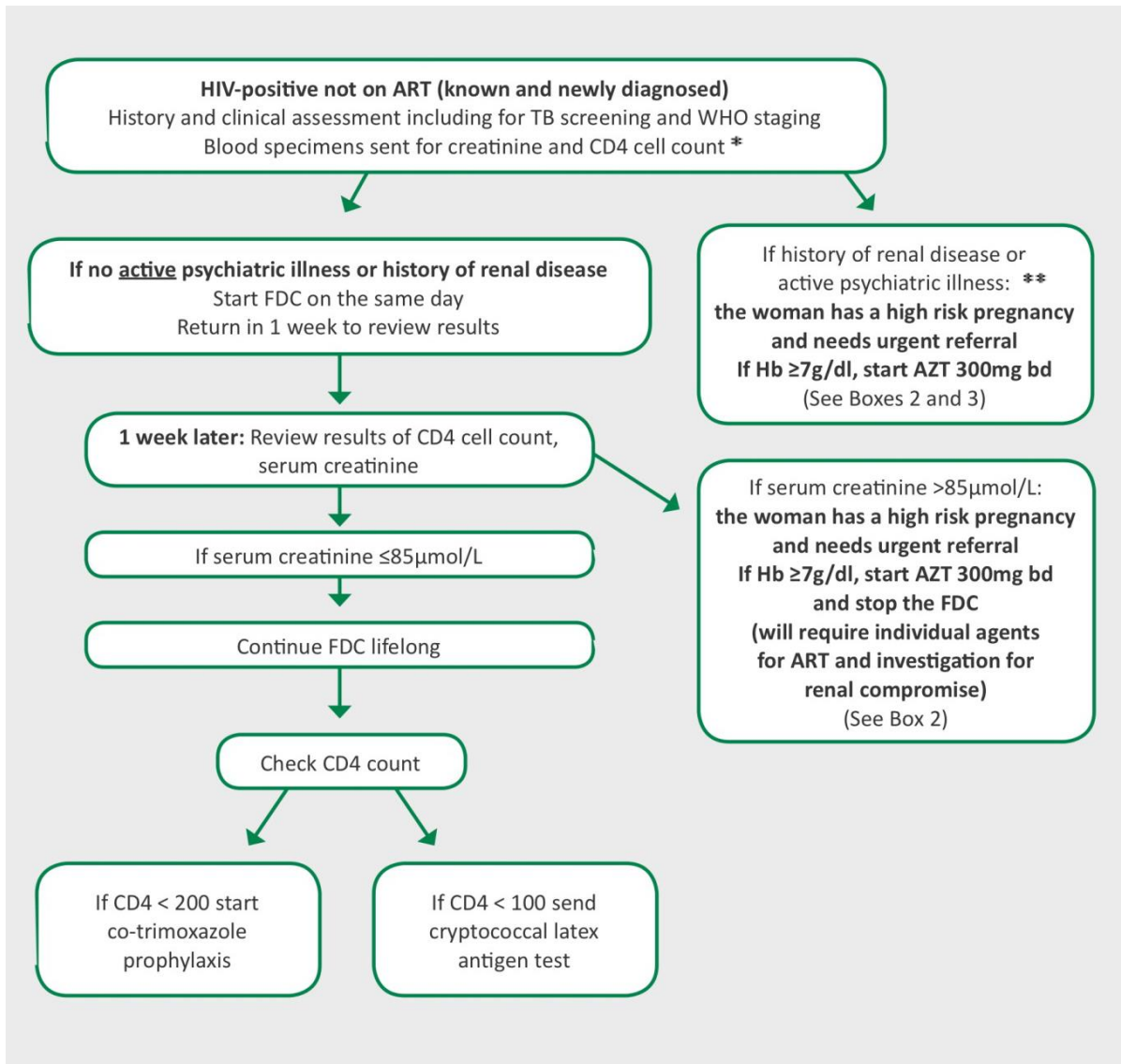




PROTOCOL ART INITIATION IN PREGNANT WOMEN

- ✓ This protocol summarizes the procedures to follow for initiation of ART in pregnant HIV positive women within Tygerberg Hospital.
- ✓ This protocol should be used in conjunction with the national consolidated guidelines for the prevention of mother-to-child transmission of HIV (PMTCT) and the management of HIV in children, adolescents and adults (revision November 2015).
- ✓ Timeframe for initiation ARV in newly diagnosed pregnant women is < 1week preferably same day of diagnosis



* Please see complete list of baseline tests on page 2

** If known with chronic renal disease or psychiatric illness then initiate AZT 300mg BD and refer to IDC

A. General antenatal guideline for screening and testing or HIV:

1. Ensure that all women receiving antenatal care have been offered counselling and testing for HIV:
2. If negative then retesting must be done 3 monthly: at 20w (if booked < 12w), 32w and when in labour.
3. If newly diagnosed HIV positive then perform WHO staging, screen for TB and opportunistic infections and initiate ARV as set out in Section B.

WHO Clinical Stage 1	WHO Clinical Stage 3	WHO Clinical Stage 4
<ul style="list-style-type: none"> • Asymptomatic • Persistent generalised lymphadenopathy 	<ul style="list-style-type: none"> • Current PTB or within past year • Oral thrush • Oral hairy leukoplakia • Unexplained LOW >10% or BMI ≤ 18.5 • Diarrhoea > 1 month • Fever > 1 month • Severe presumed bacterial infection • Unexplained anaemia Hb <8, neutropenia <0.5 or thrombocytopenia <50 • Acute necrotising ulcerative stomatitis, gingivitis or periodontitis 	<ul style="list-style-type: none"> • Current EPTB (and non-TB Mycobacterium) • Oesophageal thrush • LOW>10% with diarrhoea/fever > 1m • Pneumocystis pneumonia • Cryptococcosis • Histoplasmosis • Toxoplasmosis • Herpes simplex > 1 month • Kaposi's sarcoma • Lymphoma • HIV associated dementia • Progressive Multifocal Leukoencephalopathy • Cervical cancer • Cryptosporidium / Isospora diarrhoea • Recurrent severe pneumonia • Recurrent septicaemia • Symptomatic HIV associated nephropathy, cardiomyopathy, encephalopathy
WHO Clinical Stage 2		
<ul style="list-style-type: none"> • Unexplained LOW <10% • Herpes zoster • Angular cheilitis • Recurrent oral ulceration • Papular Pruritic Eruptions (PPE) • Seborrhoeic dermatitis • Fungal nail infections • Recurrent or chronic RTIs (otitis media, tonsillitis, sinusitis, pharyngitis) 		

B. Guideline for initiating ART within Tygerberg Hospital

1. **Make note** of PMTCT history and previous ART initiation on the antenatal card
2. If this is an outpatient, send the mother for **HIV counselling** to HRC ARV counsellors
3. **Perform the following investigations:**
 - Baseline bloods: HIV Elisa, HIV VL, CD₄, FBC, Creat, ALT, RPR (if not known), HBsAg, serum Cryptococcal Antigen (CLAT) test if CD₄ < 100
 - Repeat Viral Load if result > 3 months old
 - PAP smear (if none done in the past year)
 - STI screening
 - No TB symptoms : TST / PPD / Mantoux if available, read result after 48-72 hr

Or

- With TB symptoms: TB PCR - GeneXpert and TB MC:

Two TB Sputums must be sent away *if any* of the following symptoms are present:

1. Current cough
2. Sputum production which may occasionally be blood stained
3. Fever
4. Drenching night sweats
5. Unexplained weight loss
6. Loss of appetite, malaise, tiredness
7. Shortness of breath, chest pains
8. New palpable lymphadenopathy

4. Start the following treatment:

- FeSO₄ and Folate (if not yet started before)
- Bactrim 2 tab daily if WHO Stage 2,3,4 (or CD₄ < 200)
- Assess nutrition, consider supplementation with fortified drinks, Vit BCo and Vit C if suspected poor dietary intake or malnourished (BMI < 18).
- IPT (INH 300 mg daily) for 12 m if TST is unavailable or 36 m if TST is positive

5. For Outpatients (Through the High Risk Obstetric Clinic):

- Patients needing initiation AND will remain at HRC for duration of pregnancy should first be discussed with the IDC doctor (Ext 4592/5229). If accepted send to the IDC with ARV Services Referral Letter (Appendix A) for initiation. To arrive at IDC before 14h00 (and on Fridays before 11h00).
- Any outpatients requiring ARV initiation after 14h00 and on Fridays after 11h00 **AND** will remain at HRC for duration of pregnancy, must please be started by the attending obstetrician using the available protocol and an appointment is to be to be arranged at the IDC for same day as her HRC follow up date. (Monday to Thursday)
- HRC outpatients needing initiation but who will be down referred to another facility will not be initiated at TBH IDC. Please refer to local ART site for initiation within 1 week. Complete **ARV Services Referral Letter** (Appendix A) to be given to patient and the HRC clerk makes appointment at receiving site.

- Patients attending High risk clinic and who are stable/virologically suppressed and already attending an ARV facility outside of TBH, must continue to receive their HIV care at their closest ARV facility and need not be referred to the IDC at TBH. This aims to avoid confusion for the patient and their usual ARV facility where they will be registered as a defaulter for suddenly not attending there. In cases where attending 2 sites is not possible, HRC patients are welcome to receive their ART from IDC, please book on same dates.
- In patients where there is a concern about virological failure and therefore increased risk of transmission to the baby, please discuss with the IDC doctor / ID registrar on call for advice on further management and to arrange an urgent appointment at the IDC.
- Once patients who have been attending IDC at TBH have been discharged from Obstetrics after delivery and are stable on their ARVs they will be discharged to their closest ARV facility by the IDC.

6. For admitted patients (Through antenatal or postnatal wards)

- Refer to Infectious Diseases Registrar on call for ART initiation
- **Use the ARV Services Referral Letter** (Appendix A).
- **During weekends / after-hours** ward patients needing urgent initiation (newly diagnosed, breastfeeding) should be discussed with ID Registrar on call and initiated by the obstetric registrar when approved, to be followed up by the ID registrar.

7. Discharge of inpatients on HAART:

- Patients **previously on HAART** should have enough medication (at home) until their next ARV clinic appointment.
 - i. Ensure sufficient medication is available and only prescribe when short.
 - ii. Arrange/confirm next follow up date at their ART site.
 - iii. **Write follow up date at ART site and name of ART site on prescription card.** Otherwise the pharmacy will only dispense 1 week supply and patient will default due to lack of medication, which will result in resistance.

Write follow up date on patient appointment card and ensure patient knows when to go.

- Patients **initiated on HAART during admission** need script for ART until their next clinic appointment at their ART site.
 - i. Complete **ARV Services Referral Letter** (Appendix A) and ARV script.
 - ii. Send patient to IDC with letter and script on day of discharge to confirm transfer out to correct ART site.
 - iii. For weekend discharge complete **ARV Services Referral Letter** (Appendix A) in **DUPLICATE** and ARV script (for **1 month** if postnatal, **14 days** if antenatal, enough till next visit).
 - iv. One copy is given to the patient and the second is for the ward clerk. This copy is to be submitted to IDC clerk the next Monday.

8. ART monitoring during pregnancy and breastfeeding: (mandatory)

- **HIV VL 3 monthly:**
 - If VL < 400: continue 3 monthly monitoring
 - If VL 400-1000: adherence counselling and repeat in 3 months, discuss with ID if again >400
 - If VL > 1000 discuss with ID
 - If VL after 28 weeks > 1000, antenatal care managed at HRC and the baby referred to paediatrics immediately post delivery
- **IF on FDC:**
 - Creatinine after 4 months
 - Do not use TDF if serum Creatinine > 85 umol/l in pregnancy
 - ALT if symptoms suggestive of hepatitis
- **If on AZT:**
 - FBC + diff at month 1,2,3 and 6 and then annually
 - Do not use AZT if Hb ≤ 8 g/dl
- **If on NVP:**
 - ALT if symptoms suggestive of hepatitis
 - REMEMBER: 2 week OD dosing before BD dosing when initiating NVP

NB! RVD Exposed babies:

- All get birth PCR before discharge. If positive immediate referral to paediatrics
- All get minimum of 6 weeks NVP prophylaxis
- High risk babies (premature, PROM, chorioamnionitis, maternal VL >1000, < 12 weeks maternal ART, newly diagnosed RVD) will get minimum of 12 weeks NVP and 6 weeks AZT prophylaxis

NB! Indications to discuss with ID:

- Baseline serum creatinine > 85 umol/l or creatinine clearance less than 50 ml/min
- Increase in serum creatinine after initiation of Tenofovir
- Psychiatric illness
- Decrease in Hb after initiation of Zidovudine
- Poor response to TB treatment or suspicion of IRIS
- Change in clinical stage of disease while on ART (especially weight loss during pregnancy)
- Clinical signs of possible meningitis: e.g. confusion; headaches
- Any doubts or questions regarding current ARV regimen or lab results

GS Gebhardt

AUTHORISED BY	J Taljaard, GB Theron, GS Gebhardt
COMMITTEE RESPONSIBLE	JL van der Merwe, M van Schalkwyk, DR Hall, L Geerts
DATE REVISED	1 January 2016
DATE EFFECTIVE	1 June 2012
REVIEW DATE	30 Sept 2018

Appendix A

Western Cape New Patient Referral to ARV Services Form											
<table border="1"> <tr><td>First Name</td><td></td></tr> <tr><td>Surname</td><td></td></tr> <tr><td>DOB</td><td>..... /..... /.....</td></tr> <tr><td>ID Number</td><td></td></tr> </table>		First Name		Surname		DOB /..... /.....	ID Number		Folder #: _____ Phone #: _____ Address: _____	
First Name											
Surname											
DOB /..... /.....										
ID Number											
Please consider the patient for: (please tick/circle appropriate response and provide details)		<input type="checkbox"/> FAST TRACK initiation of ART on the basis of: Pregnant/breastfeeding TB with CD4<50 CD4<200 Stage 4 Child < 1 year <input type="checkbox"/> Routine initiation of ART <input type="checkbox"/> Assessment of eligibility for ART									
HIV/ART information	Tested HIV+ on ... / ... / ... Latest CD4: ... / ... / ... Result: _____ Specimen sent: ... / ... / ... WHO Stage: _____										
	Previous ART YES NO If yes, please specify regimen and Start and Stop date		Regimen: _____ Start Date: ... / ... / ... Stop Date: ... / ... / ...								
	Previous PMTCT YES NO If yes, please specify regimen and Start and Stop date		Regimen: _____ Start Date: ... / ... / ... Stop Date: ... / ... / ...								
TB information	Current TB: Type: PTB EPTB YES NO Site: _____	TST done: YES NO Date: ... / ... / ... Result: _____									
	TB Treatment : Start Date: ... / ... / ... Planned Stop Date: ... / ... / ...		IPT Treatment: Start Date: ... / ... / ... Planned Stop Date: ... / ... / ...								
Recent TB Investigation	Sputum: Date: ... / ... / ... Lab No: _____ Result: _____		Sputum: Date: ... / ... / ... Lab No: _____ Result: _____								
	Genexpert: Date: ... / ... / ... Result: Negative Positive		Culture: Date: ... / ... / ... Lab No: _____ Result: _____								
	Drug Sensitivity Test: Date: ... / ... / ... Comment: _____										
Medical History	Please include: <ul style="list-style-type: none"> • Previous TB diagnoses and dates • Past or current opportunistic infections • Medical conditions • Recent hospital admissions • Relevant social history 										
Current Medication	_____ _____ _____										
Allergies: YES NO If yes, please specify:											
RPR: Date: ... / ... / ... Result: _____ Treatment: _____											
Pap smear: Date: ... / ... / ... Result: _____											
Contraception: YES NO If yes, please specify method:											
Referring facility	Name: _____		Facility Stamp: _____								
	Address/Phone Number: _____										
	Facility Referred to: _____										
Referring CLINICIAN	Name: _____		Signature: _____								
			Date: _____								
NB: Patient to please bring hospital cards (including TB Card) and all medication to initial visit											

Appendix B

1. Tygerberg Drainage Area

Bellville South	Beaconvale, Glenhaven, Greenlands, Kasselsvlei, Labiance, Mimosa, Triangle Farm, Peninsula Technicon, UWC campus
Belhar	Belhar Extensions, Erica Township
Parow	Parow East, Parow Industrial, Parow Vallei, Beaconvale, Klipkop
Ravensmead	Uitsig, Florida

2. Current Close ART Sites

ART Site	Tel Number	Fax Number	Drainage Area
ELSIES RIVIER	021 931 0211	021 931 8359	Aliwal Gardens, Avon, Avonwood, Balvenie, Clarkes Estate, Connaught, Cravenby, Eikenbosch Estate, Elsies Industrial, Epping Forrest, Epping Industria, Eureka, Leonsdale, Matroosfontein, Norwood, Riverton Estate, Ruyterwacht, Salberau, The Range
BISHOP LAVIS	021 934 6050	021 934 4143	Airport Industria, Freedom Farm, Kalksteenfontein, Malawi Camp, Nooitgedacht, Valhalla Park
KARL BREMER	021 918 1911	021 949 0296	Bergzicht, Bellville, Boston, Glenwood, Goodwood, Loevenstein, Oakdale, Oude Westhof, Parow North, Pinelands, Pinetree Village, Plattekloof, The Beans, Vasco, Welgedacht, Welgemoed
EERSTERIVIER	021 902 8000 / 8001	021 904 8208	Avelon Park, Blackheath, Brentwood Park, Camelot, Denemere, Happy Valley, Highbury, Highgate, Kalkfontein, Kuilsrivier, Sarepta, Silversands, Soneike, St Dumas, Zevendal
HEIDEVELD	021 637 8036	021 699 0789	Bonteheuwel, Charlesville, Montana, Vanguard
DELFT	021 954 2235	021 954 2455	Diepwater, Leiden, Roosendaal, The Hague, Vogelvlei, Voorburg
DELFT SOUTH	021 954 2237		Eindehoven
WESBANK	021 908 9900 / 9912		Wesbank
DURBANVILLE	021 970 3052	021 970 3061	Durbanville
KRAAIFONTEIN	021 987 0080		Brackenfell, Northpine, Peerless park, Stikland
WALLACEDENE	021 987 8433		Wallacedene
SCOTTSDENE	021 980 6244	021 987 1343	Scottsdene
BLOEKOMBOS	021 980 6298		Bloekombos
FISANTEKRAAL	021 970 3052		Fisantekraal

3. Other Sub Districts

Eastern SD

	Tel	Fax
Blue Downs Clinic	021 444 8313 /14 / 15	021 444 8188
Ivan Toms clinic	021 909 0520	021 909 0511
Gustrouw / Strand CHC	021 845 8383 / 8384	
Helderberg Hospital	021 850 4700 / 4702 / 4704/ 4712 / 4746	
Ikwhezi clinic	021 845 7556 / 7557	021 845 4687
Kleinvlei CDC	021 904 3421	
Macassar CDC	021 857 2330	
Mfuleni CHC	021 909 3370	
Sarepta Clinic	021 900 1625	021 900 1639
Sir Lowry's Pass Clinic	021 858 1493 / 4	021 858 1495

Khayelitsha SD

Kuyasa clinic	021 363 0271 / 0272 / 0273 / 0274	021 363 0275
Luvuyo CDC	021 367 1104 / 5	021 367 1367
Matthew Goniwe CHC	021 362 6100 / 6101 / 6018	021 362 6102
Mayenzeke Clinic	021 367 1112 / 1113	
Michael Mpongwana CHC	021 361 3353	
Nolungile CHC	021 387 1107	
Khayelisha Site B CHC	021 361 4862	021 361 5385
Site B Male Clinic		
Site B Youth (outreach)	021 361 0121	
Site C Youth Clinic	021 387 1520	
Town II Clinic (outreach)	021 361 1113	
Zakhele Clinic	021 361 1113	021 364 1865

Klipfontein SD

Dr Abdurahman (Athlone) CDC	021 637 9071	
Gugulethu CHC	021 633 5963 / 0020	021 637 5103 021 633 7067
Hanover Park CHC	021 692 4250 / 1240	021 692 1357
Heideveld CHC	021 637 8036	021 637 6632
Masinedane Clinic	021 386 1717 / 8	021 386 0725
Nyanga CHC	021 380 8016	021 380 8049
Vuyani Clinic	021 637 9016 / 7	021 633 9543

Mitchell's Plain SD

Crossroads CHC	021 386 1121 / 8796	
Inzame Zabantu (Browns Farm) CHC	021 374 6063	
Lentegeur Clinic	021 371 2126	021 371 2138
Mitchell's Plain CHC	021 392 5161	021 391 2803
Mzamomhle Clinic	021 374 1174	
Phumlani Clinic (Phillipi)	021 371 7170 / 81	021 372 7733
Tafelsig CDC	021 397 8906 / 8195	021 397 3544
Weltevreden Valley Clinic	021 372 4469	021 372 7190

Southern SD

False Bay Hospital	021 7821121	021 782 2306
Hout Bay clinic	021 790 1720	021 790 0539
Masiphumelele CHC	021 785 3938	021 785 2631
Pollsmoor Correctional Facility	021 700 1319	
Retreat CHC	021 712 5105	021 712 1493
Victoria Hospital	021 799 1133 / 1209	021 799 1212
Lady Michaelis CHC (outreach)	021 797 8171	
DP Marais TB Hospital (outreach)	021 712 7491	

Western SD

Albow Gardens clinic	021 510 6326	021 510 4981
Brooklyn Chest Hospital	021 508 7448	
Chapel Street Clinic	021 465 2793	
Du Noon clinic	021 556 0604	021 556 0392
Green Point CDC	021 421 0288	
Groote Schuur Hospital	021 404 5329 / 4468 / 6191	
Langa clinic	021 694 1740 / 1741	
New Somerset Hospital	021 402 6496 / 6463	
Red Cross Hospital	021 658 5321 / 5311	
Robbie Nurock CHC	021 461 1124	021 465 4582
Vanguard CHC	021 695 8200	021 695 8244
Wesfleur Hospital	021 571 8040	021 572 4420
Woodstock CHC	021 460 9137 / 9189	
Health 4 Men Clinic (outreach)	021 447 2844	021 447 2887

Northern SD

DP Marais TB Hospital	021 713 7600 / 7491	021 713 0335 021 712 1057
False Bay Hospital	021 782 1211 / 1121	
Hout Bay Main Road Clinic	021 790 1720 / 2393	021 790 0539
Klip Road Clinic	021 705 1947 / 1983	021 705 9598
Lady Michaelis CDC	021 797 8171	021 762 8020
Masiphumelele Clinic	021 785 3938 / 795 3556	021 785 2631
Parkwood Clinic	021 705 0103 / 4	021 706 5571
Pollsmoor Correctional Centre		
Red Cross Children's Hospital	021 658 5111	021 685 3891
Retreat CHC	021 713 9800	
Seawind Clinic	021 701 1348 / 9	021 701 0433
Victoria Hospital	021 799 1111	021 799 1212