

LABORATORY PARAMETERS FOR MONITORING INFANTS AND CHILDREN

| Laboratory tests for diagnosis and monitoring | Baseline (at entry into care) | At initiation of first- or second-line ART regimen | Every 6 months | As required or symptom directed |
|--|-------------------------------|--|----------------|---------------------------------|
| HIV diagnostic testing : virological and Ab testing | ✓ | | | |
| Haemoglobin ^a | | ✓ | | ✓ |
| FBC | ✓ | ✓ ^b | | |
| %CD4+ or absolute CD4 cell count ^c | ✓ | ✓ | ✓ | ✓ |
| Pregnancy testing in adolescent girls ^{de} | | ✓ | | ✓ |
| Full chemistry (including, but not restricted to, liver enzymes, renal function, glucose, lipids, amylase, lipase and serum electrolytes) ^f | | ✓ | ✓ ^f | ✓ |
| HIV VL measurement ^{gh} | | | | ✓ |
| OI screening (where possible) | ✓ | ✓ | ✓ | ✓ |

- Haemoglobin monitoring at week 4 and 12 after initiation of ART is recommended if AZT is used.
- FBC can be repeated at initiation of ART if last FBC was done at least 3 months prior
- HIV-infected children not yet eligible for ART should be monitored with CD4 count every six months. For infants and children who develop new or recurrent WHO stage 2 or 3 events, or whose CD4 count approaches threshold values, the frequency of CD4 measurement can be increased. %CD4+ is preferred in children <5 years of age.
- Pregnancy testing may be needed for adolescent girls prior to initiating a regimen containing EFV.
- For pregnant adolescent girls, provide prophylaxis or combination ART to those who are in need of it for their own health and/or to prevent vertical transmission. (See PMTCT Guidelines, 2010) [102]
- Routine monitoring (every six months) of full chemistry, particularly lipid levels, liver enzymes and renal function, should be considered for infants and children on second-line drugs and LFTs for those on NVP.
- At present, VL measurement is not a prerequisite for initiation or regular monitoring of ART in resource-limited settings. VL can be used to diagnose HIV infection, and to confirm clinical or immunological failure prior to switching treatment regimen.
- If possible VL should be assessed in infants on NNRTI-based regimens who are known to have been exposed to NNRTIs intrapartum or through breastfeeding every 6 months.