

ART/PMTCT TWG MEETING MINUTES

Venue: Dept. of HIV & AIDS Main Conference Hall
Date: 06th November, 2015

Time: 9:00 to 16:30HRs

Agenda of the meeting:

1. Second Line Prescription Certification
2. Viral Load Data Monitoring Update
3. HIV Viral Load Scale up- Strategic Implementation Plan 2015-2018
4. ART/PMTCT Guideline Summary of New Policies

Agenda	Discussion	Action Points
SECOND LINE PRESCRIBERS EXAM RESULTS	<ul style="list-style-type: none"> • Exams administered to ART/PMTCT supervisors in July 2015 • 62% supervisors passed • 50% of those passed are under MOH • Still those who pass should have to undergo advanced HIV training • Second Line prescriber can present certificate to Medical Council for CPD points • There were fears of compromising the quality basing on the pass rate 	<ul style="list-style-type: none"> • Implementing partners will support in distributing to districts and printing certificates. • To enhance security, candidates will write exam at a central to prevent leakage • DHA will introduce log book to monitor second line prescriber. • Targets for 2nd line prescribers can be set at district level • DHA to communicate to DHOs & implementing partners by 30.11.15
Viral Load data monitoring update	<ul style="list-style-type: none"> • Goal-Identify early treatment failure. • Prevent unnecessary switching • Reinforce adherence counselling • Time on ART not recorded in 76 % of samples due to incorrect forms used. • Most routine samples not according to monitoring schedule • More results of high VL than pts on second line. • Variability of TAT between labs • DBS 10% less likely to detect VL>1,000 • DBS performs ok at 1,000 cut off {compared 	<ul style="list-style-type: none"> • To accommodate the catch ups in schedule then follow the 24 monthly milestone. • Never optimize the VL kits budget in logistics because a lot of reagents have expired on the shelf. • Improve long turnaround time for VL results-three months in some cases. • Intensify awareness of viral load

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	<p>with 5,000 copies}.</p> <ul style="list-style-type: none"> Extremely long TAT in some Labs, 12 monthly schedule will overwhelm lab capacity 	<p>to the public to increase demand</p> <ul style="list-style-type: none"> VL threshold of >1000 adopted for confirmation of treatment failure
<p>Viral Load Scale up- strategic implementation plan 2015-2018</p>	<ul style="list-style-type: none"> Implementation of activities and procurement to be in 3 phases Train more laboratory staff to increase competency and staff Proposes developing a strategy for HIV drug resistance testing Site level mentorship and supervision Presented annual VL tests need to reach 90% target Recruitment, training and salaries for dedicated adherence cadre to focus on HTC Provision of patient support groups. Funds secured-MK 7,280,328, gap MK 9,921,712, total required MK 17,202,040 	<ul style="list-style-type: none"> Strategic Plan will be presented to MOH management on 09.11.15 Funding gap may be covered upon presentation of the plan to stakeholders.
<p>SUMMARY OF NEW ART/PMTCT POLICIES</p>	<p>Sexually Transmitted Infections</p> <ul style="list-style-type: none"> Include management of commonly reported syndromes -i.e. AVD, UD, GUD, LAP Flow charts will not be included 	<ul style="list-style-type: none"> DHA staff will write the guidelines and circulate for comments before end November 2015
	<p>When to start</p> <ul style="list-style-type: none"> Start ART for individuals with confirmed HIV infection regardless of WHO stage or CD4 cell count Clients need for thorough preparation. Counselling package for children and adolescents, Option B+ clients and ARV preparation has been revised. MOH not capable of recruiting specific cadre for ART counselling WHO staging will be removed. This will affect change in definition of treatment failure Use appointment register for counselled client to assess readiness 	<ul style="list-style-type: none">

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	<ul style="list-style-type: none"> • Pre-ART follow up will stop 	
	<p>What to start</p> <ul style="list-style-type: none"> • NRTI backbone + BPI (ABC/3TC+LPVr) as first line for children less than 36 months • Experienced sites will be using LPV/r pellets, yet to be identified • Maintain 2P & 5A for remaining weight bands 	<ul style="list-style-type: none"> • Regimen 1 & 3 will be dropped completely from first line
	<p>What to continue</p> <ul style="list-style-type: none"> • Will add a regimen to existing second line • Third line will include Duranavir/r + Raltegravir + Etravirine • Criteria to switch will need high VL on 2nd line and resistance testing 	
	<p>Hypertension screening</p> <ul style="list-style-type: none"> • Adults only to be screened every visit and document on master card • NCD program recommends annual screening in >40yrs • Treatment protocol will follow the MSTG 	
	<p>HIV Diagnosis in Infants</p> <ul style="list-style-type: none"> • No testing at birth • Maintain routine test at 6 wks • Collect re-test sample for those with DNA-PCR positive before starting ART. Start ART basing on first result. • If no result after 3 months, repeat test • No confirmatory test using rapid test at 12 and 24 months will be done for those on ART. 	
	<p>PIFP</p> <ul style="list-style-type: none"> • Depo Provera and other hormonal methods will be offered to ART clients • Depo Provera is preferred due to low level of drug interaction with 5A. • Other hormonal methods more efficacious • Dual protection to be promoted • Add column on adult master card for other FP methods 	<ul style="list-style-type: none"> • Lighthouse to provide information on use of other FP methods

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	PrEP <ul style="list-style-type: none"> HIV program not ready to offer PrEP 	
	IPT <ul style="list-style-type: none"> To be implemented in 5 high TB incidence districts Lifelong duration 	<ul style="list-style-type: none"> NTP and DHA to discuss on implementation of IPT
	Tuberculosis <ul style="list-style-type: none"> TB diagnosis algorithm has been modified Gene X-pert should not be last test for TB screening in HIV positive clients. Presumptive TB treatment to be adopted to reduce mortality among undiagnosed TB clients 	<ul style="list-style-type: none"> NTP and DHA to discuss on revision of TB diagnosis algorithm.
	Post-partum testing <ul style="list-style-type: none"> Test at delivery or within first 3 months post-partum if not tested Repeat test at 9 & 18 months measles vaccination times not recommended 	

Minutes Compiled by: *Stanley Ngoma & Paul Nyasulu*

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