

3.3. Differentiated Care for Patients who Present with Advanced HIV Disease versus those who Present Well

Patients who present with advanced disease may require a different level of care than those who present while still clinically well.

Table 3.3: Differentiated Care Based on Initial Patient Presentation

Patients who Present with Advanced HIV Disease: WHO Stage 3 or 4, or CD4 count ≤ 200 cell/mm ³ (or CD4% $\leq 25\%$ for children ≤ 5 years old)	
Package of Care	<ul style="list-style-type: none"> • Standard Package of Care (Section 4) • Intensive management of presenting illnesses and malnutrition • Priority for identification, management and prevention of OIs, including <ul style="list-style-type: none"> ○ GeneXpert for TB diagnosis for all PLHIV with presumptive TB (Figure 8.2) ○ TB-LAM (Figure 8.3), in addition to GeneXpert, for PLHIV with presumptive TB who <ul style="list-style-type: none"> ▪ Have advanced HIV, or ▪ Have signs of severe illness, or ▪ Are currently admitted to hospital ○ Cryptococcal antigen screening for adolescents and adults with CD4 ≤ 200 cells/mm³ or clinical suspicion of meningitis (any age) (Figure 4.1) ○ Cotrimoxazole Preventive Therapy (CPT) ○ Isoniazid Preventive Therapy (IPT) • Priority for ART initiation (caution if suspected or confirmed TB, TB meningitis, or cryptococcal meningitis; Table 6.1) • Close monitoring for development of immune reconstitution inflammatory syndrome (IRIS, Annex 16)

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Location of Services	<ul style="list-style-type: none"> • Management at any ART service delivery point; all facility levels; home visits may be required if unable to come to facility • Initial management and ART initiation by trained and experienced HCW • Consultation with MDT, TWG, mentors, and senior clinicians as needed (including telephone consultation with Uliza! Clinicians' HIV Toll-free Hotline (0800724848)) • Referral to a higher-level facility when feasible if consultation is not adequate to stabilize the patient
Focus of Treatment Preparation Counselling	<ul style="list-style-type: none"> • ART is required to prevent further damage to the immune system • Starting ART soon will decrease risk of disease progression, including wasting and other infections • ART is the most important treatment to restore health • ART will reduce the risk of transmitting HIV to others
Frequency of Follow-up	<ul style="list-style-type: none"> • Weekly follow-up until ART initiation, and then at week 2 and 4 after ART initiation, and then monthly until confirmed viral suppression • More frequent visits or hospitalization may be required to stabilize acute medical conditions and address psychosocial and other concerns