

Baseline investigations for an HIV infected infant/child starting ART and monitoring on ART

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- These investigations should be carried out at baseline before starting antiretrovirals and repeated as clinically indicated.
- In the early weeks after starting ART when toxicities are most likely to arise, the biochemistry and haematology investigations should be repeated within 2-4 weeks of starting therapy.
- HIV Viral load should be repeated at every visit.
- Bloods for drug toxicity and CD4 parameters can be taken every 6-8 months if the patient becomes stable on therapy with no ongoing toxicity concerns. See also CHIVA adherence guidelines when starting ART (<http://www.chiva.org.uk/guidelines/adherence/>)

HIV parameters	HIV RNA PCR CD4 count and percentage and HLA B5701 if not already done	3-4 monthly
	Resistance	Baseline and consider during episodes of viral rebound
	HLA B5701	Baseline only
Haematology	FBC	6-8 monthly**
Biochemistry	U+E, Cr Ca, PO4 LFT Glucose Vitamin D Total protein Albumin Lipids Amylase	6-8 monthly**
Clinical investigation	BP Urine dip (mid-stream) – if 1+ or more protein send urine protein/Cr and albumin/Cr ratio (ideally early morning sample) Height/ Weight/ OFC (<5 years old)	3-4 monthly
Additional health surveillance and screening	TSH Vitamin D Immunisation serology Repeat hepatitis B and C status (if negative at baseline) Growth/BMI assessment Pubertal, lipodystrophy and developmental screening through history and detailed assessment if indicated	Annually and as clinically indicated
Social situation and adherence	To be reviewed before start of treatment and as necessary – see adherence guidelines (link above)	

** if undetectable VL and stable/asymptomatic on ART