

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 or switching 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 until stable and there are no concerns about adherence.
- 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 or adherence concerns.

HIV parameters	HIV RNA PCR	3-4 monthly (Once undetectable, 6 monthly if good adherence)
	CD4 count and percentage	6-8 monthly, repeat annually once CD4 count is normal
	Resistance	At baseline and consider during episodes of viral rebound
	HLA-B*5701	Baseline only
Haematology	FBC	6-8 monthly (if undetectable VL and stable/asymptomatic on ART)
Biochemistry	U+E, Cr Total protein Ca, PO ₄ Albumin LFT's Lipids Glucose Amylase Vitamin D	6-8 monthly (if undetectable VL and stable/asymptomatic on ART)
Clinical investigation	BP Growth: Height / Weight / BMI OFC (< 5 years old)	3-4 monthly
	Urine dip – if 1+ or more protein send urine protein/Cr and albumin/Cr ratio (ideally early morning sample)	Annually
Additional health surveillance and screening	TSH Vitamin D Immunisation serology Repeat hepatitis B and C status (if negative at baseline, in adolescence if not immunised) Pubertal, lipodystrophy and developmental screening through history and detailed assessment if indicated	Annually and as clinically indicated
	Sexual health screening	Annually in adolescence

	Cognitive assessment	In first year of diagnosis, in Year 5/6 prior to secondary school and during Year 9/10 if needing additional support for exams.
Social situation and adherence	To be reviewed before start of treatment and as necessary	