Enquiries: Hope Ngobese
14 MAY 2012

TO: DISTRICT MANAGERS

CC: FACILITY MANAGERS
DISTRICT PHARMACY MANAGERS
FACILITY PHARMACY MANAGERS
CLINICAL AND PROGRAMMES MANAGERS
DISTRICT TB COORDINATORS
OPERATIONAL MANAGERS
DISTRICT HAST COORDINATORS
PROVINCIAL PHARMACY MANAGER

RE: CHANGES IN THE ART GUIDELINES

Please find the attached circular on the changes in the ART guidelines. The aim of the guidelines is to fast track the initiation of ART for all eligible patients. The guidelines should be implemented with immediate effect. Districts are requested to ensure that these changes are communicated with all facilities including PEPFAR partners to ensure everyone is aware of these changes.

The facilities should make necessary arrangement to ensure drugs are available as there is an anticipated increase in ART drug demand with the implementation of these changes.

Thank you

HOPE NGOBESE
ACTING MANAGER: PROGRAMME IMPLEMENTATION- SHP
Dr S M Zungu
Head of Department
KwaZulu-Natal Department of Health
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Dear Dr Zungu

RE: ACCELERATING ACCESS TO ART SERVICES AND UPTAKE

The goal of the CCMT program is to identify people living with HIV through HCT and PICT. Clients who test HIV positive must be linked to care and initiated on treatment at CD4 of 350 or below.

It is common that HIV positive patients are not initiated on Anti-Retroviral Therapy (ART) early enough; in some instances they are delayed by the treatment literacy and adherence sessions or are not followed-up properly while in the Pre- ART program.

To address these delays in initiating patients on ART and reduce the missed opportunities to provide treatment early, the National Department of Health recommends that:
• All patients managed in public facilities be initiated on ART as soon as they are diagnosed to be eligible at CD4 350 or below.

• HIV positive patients with CD4 cell count of 200 or less should be fast tracked and started on ART on the same day that the diagnosis and eligibility are confirmed. Treatment literacy and adherence programme must be started simultaneously with initiation of treatment. Eligible pregnant mothers must also be started on the same day.

• Relevant laboratory investigations must be done on the same day the treatment is initiated and patient requested to come for results within 7 days and monthly thereafter. Other laboratory investigations must be done as in the guidelines to monitor response to drugs and detect treatment failure.

• All new patients should no longer have CD4 count repeated at six months, but at one year after initiation of treatment. Viral load should be done at 6months.

• Initiate all HIV-positive TB patients on lifelong ART irrespective of CD4 count (NSP 2012-16 pg 49).

• Ensure all people living with HIV with low CD4 counts (<100) are screened for cryptococcal infection and given appropriate treatment. (NSP 2012-16 pg 50).

The above interventions are aimed at accelerating ART uptake, improving clinical outcomes and delaying AIDS disease progression.

Prophylactic treatment guidelines must be implemented as on the current guidelines, these include Cotrimoxazole, Isoniazid and Fluconazole.

Thanking you in advance.

[Signature]

MS M P MATSOSO
DIRECTOR- GENERAL: HEALTH
DATE 14/04/2012