

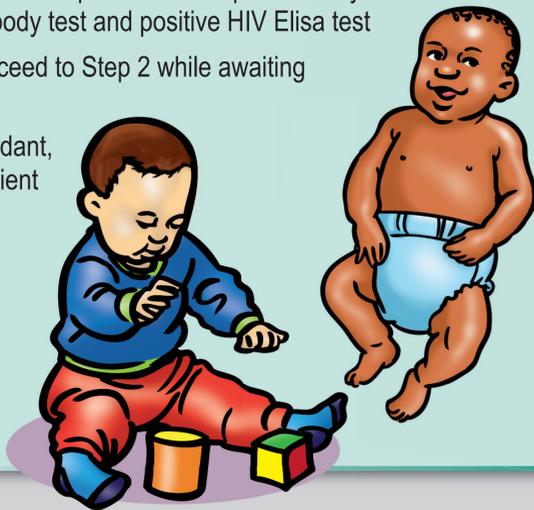
Initiating ART in Children: The 6 IMCI Steps

Step 1 Decide if the child has confirmed HIV infection

- Child < 18 months: 2 Positive HIV DNA PCR tests*
- Child > 18 months: 2 Different positive HIV rapid antibody tests OR Positive HIV rapid antibody test and positive HIV Elisa test

*If child is < 18 months, proceed to Step 2 while awaiting 2nd HIV DNA PCR result.

If any test results are discordant, consult a doctor or refer patient to higher level of care.

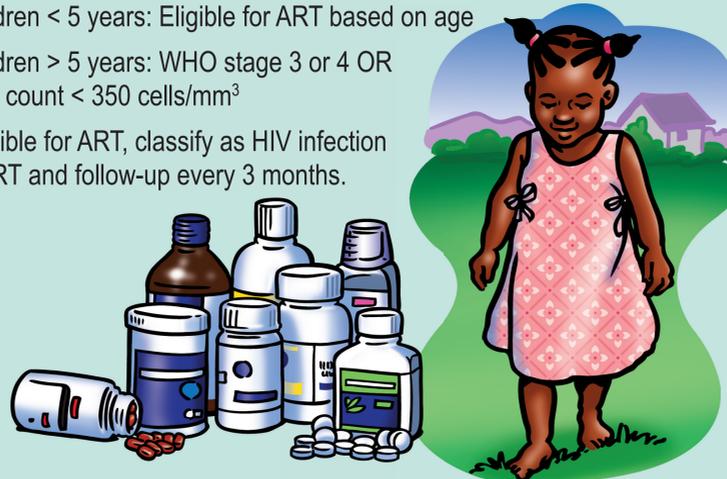


Step 2 Decide if the child is eligible to receive ART

Perform WHO clinical staging and take blood for CD4 count

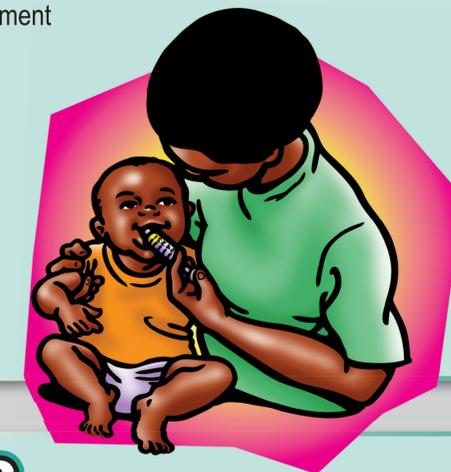
- Children < 5 years: Eligible for ART based on age
- Children > 5 years: WHO stage 3 or 4 OR CD4 count < 350 cells/mm³

If not eligible for ART, classify as HIV infection not on ART and follow-up every 3 months.



Step 3 Decide if the caregiver is able to give ART

- Start HIV counseling sessions
- Check that the caregiver is willing and able to administer ART every day
- The caregiver should be encouraged to disclose the child's HIV status to another adult who can provide treatment support, but this should not delay initiating treatment



Step 4

Decide if a nurse should initiate ART

If any danger signs are present, immediately refer child to next level of care.

- General danger signs or any severe classification e.g. severe malnutrition
- Child weighs < 3kg
- TB
- Fast breathing



Step 5 Assess and record baseline information

- Record all clinical information on the ART paediatric clinical stationery



Step 6 Start ART

- ART First-Line Regimens (use NDoH paediatric ART dose chart)
 - If child < 3 years old and < 10 kg: ABC+3TC+LPV/r
 - If child > 3 years old and > 10kg with no history of NVP exposure: ABC+3TC+EFV
- Give cotrimoxazole prophylaxis
- Give other routine treatments e.g. immunization, vitamin A, deworming
- Follow-up after 1-2 weeks on treatment

