

PRETORIA

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Dear Dr Xundu

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-Retroyiral 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.

MS M P MATSOSO

DIRECTOR- GENERAL: HEALTH

DATE 14/04/2012