World Health Organization

CONSOLIDATED GUIDELINES ON

PERSON-CENTRED HIV PATIENT MONITORING AND CASE SURVEILLANCE

ANNEX 2.3.2
HIV CARE AND TREATMENT PATIENT CARD

JUNE 2017

Annex 2.3.2 HIV care and treatment patient card

HIV care and treatment patient card: front page

Status at enrolment: Symptomatic disease: ☐ Y ☐ N **Transfer in:** ☐ On ART ☐ Tx failure/interruption ☐ Naive

Unique no. ☐☐☐☐☐☐☐☐ Health district _____ Health unit _____ Health clinician/team _____

Name _____ Pt clinic no._____ DOB_____ Age _____

Sex: ☐ M ☐ F Marital status _____

Address_____District _____ Telephone (whose):_____

Treatment supporter/med pick-up if ill? Y ☐ N ☐ : If yes, who: _____

Address_____ Telephone (whose):_____

Home-based care provided by:_____

Family status			
Relation to patient	**HIV P/N**	**Unique no.**	**Date of death**

HIV-exposed infant follow up						
Exposed infant (Name/ no.)	**DOB**	**Infant-feeding practice at 3 mos.**	**CTX started by 2 mos**	**HIV test Type/ Result**	**Final status**	**(if confirm +) Unique ID**

Date	HIV care
/ /	First HIV+ test
/ /	Confirmed HIV+ test HIV 1 2 Ab/virological test Where _____
/ /	Enrolled in HIV care (HIV patient card open) ☐ HIV care transfer in from _____

Drug allergies	Relevant chronic conditions	Concomitant medications

TB status	TB reg #:		
TB prev. therapy start date	TB symptom+ date	Test type (circle) | result	TB Rx start date
/ /	/ /	S C X	/ /
TB prev. therapy stop date	Date of investigation	☐ TB+	TB Rx stop date
/ /	/ /	☐ MDR-TB	/ /

Prior ARVs			
Y(√)	**Prior ARV**	**Date**	
	None		
	ARVs during pregnancy or breastfeeding	/ /	Where_____ ARVs_____
	ARV prophylaxis for HIV-exposed infant	/ /	Where_____ ARVs_____
	Earlier ARV not transfer in	/ /	Where_____ ARVs_____
	ARVs for PEP or PrEP	/ /	Where_____ ARVs_____

ART **COHORT (month/year):** _____/_____

Date

__/__/__ ART transfer in from_____ ARVs_____Last VL:_____

__/__/__ Start ART 1st-line initial regimen_____

At start ART: Cl. Stage___ CD4_____ ☐ TB+ ☐ TB Rx ☐ TB-exposed infant ☐ HBsAg+ ☐ HCV RNA+ ☐ Pregnant ☐ Postpartum ☐ Breastfeeding

Substitute within 1st-line

__/__/__ New regimen_____ Why_____

__/__/__ New regimen_____ Why_____

Switch to 2nd-line (or substitute within 2nd-line)

__/__/__ New regimen_____ Why_____

__/__/__ New regimen_____ Why_____

Switch to 3rd-line (or substitute within 3rd-line)(added)

__/__/__ New regimen_____ Why_____

__/__/__ New regimen_____ Why_____

ART treatment interruptions -- STOP or missed drug pick-up							
Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Why							
Date if restart							

Follow-up status	Date					
Lost to follow up	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Transfer out	/ /	/ /	/ /	/ /	/ /	/ /	/ /
-- to where							
Dead	/ /						

HIV care and treatment patient card: encounter page

Unique no. ☐☐☐☐☐☐☐☐ HIV PATIENT CARD Name_____

Date Check if scheduled. Write in alternate pick-up if ill	Follow-up date	Duration in months since first starting ART/ since starting current regimen	Wt/Ht Ht at first visit if adult If child record wt/ht, +/- oedema	Pregnancy/ RH-FP choices If child record MUAC Write age in mos. if ≤59 mos Vaccination	TB status (see Codes)	Hepatitis information	Treatment-limiting toxicities adverse reactions	Comorbidities and coinfections (including new OIs, STIs and major NCDs) If child, include nutritional problems	Co-trim-oxazole Adhere? Dose/days	TB preventive therapy Record start or complete (date)	Other meds dispensed (including TB/MDR-TB, traditional medicine, nutritional supplements, opioid substitution therapy)	ART		Investigations (record when test requested and results received in relevant visit date rows)			Refer or consult or link/provide (including nutritional support and infant feeding (use follow-up education page for notes) If hospitalized, no. of days
												No. missed doses/ Why	Regimen/ Dose/ No. days dispensed	CD4 If <5 years, record CD4%	Viral load	Hgb, RPR/ TPHA, HBsAg, HCV Ab/ RNA, sputum/ CXR/ Xpert, infant Ab/ HIV virological test, other	
Baseline																	
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HIV patient care and treatment card: codes

Codes for pregnancy/RH-FP choices

P=pregnant. List EDD and ANC no. If referred for PMTCT, note in "Refer" column.
AB=recent induced abortion. Note if safe or unsafe and when.
Wants P=wants to become pregnant now or considering; not using FP
Has FP=already using condoms/other FP. Note method(s).
Wants FP=note method(s) provided or referred for. Record referral in "Refer" column.
No sex=not sexually active now
BF=currently breastfeeding
MC=recent miscarriage/spontaneous abortion. Note when.
Unable P=thinks she cannot get pregnant

Codes for FP methods

C=condoms
OC=oral contraceptive pills
IMP=implant
LAM=lactational amenorrhoea method
FABM=fertility awareness-based method/periodic abstinence
V=vasectomy (partner's)
ECP= emergency contraceptive pills dispensed
INJ= Injectable
IUD/IUS= intrauterine device/system
D= diaphragm/cervical cap
TL=tubal ligation/female sterilization
UND=undecided

Codes for comorbidities and coinfections

Herpes zoster
COUGH*
Night **SWEATS***
DB difficult breathing
UD urethral discharge
PID pelvic inflammatory disease
Ulcers - mouth or other ___
GUD genital ulcer disease
Chronic **O**bstructive **P**ulmonary **D**isease
HTN Hypertension
Mental **H**ealth **D**isorders (depression, dementia, encephalitis, seizures)
Diarrhoea/abdominal pain
Thrush - oral/vaginal
Prolonged **FEVER***
Weight loss*
Pneumonia
SYPhilis
VD vaginal discharge
Malaria
Diabetes
Symptoms with * are suggestive of TB (hepatitis and TB diagnoses in separate columns)
For patients ≤59 months:
Severe/**C**omplicated **M**alnutrition
Poor **G**rowth **D**evelopment

Codes for treatment-limiting toxicity

GI (nausea, diarrhoea, abdominal pain, vomiting)
Skin (rash, hypersensitivity reaction)
Peripheral neuropathy (burning/numbness/tingling)
CNS (dizzy, anxiety, nightmare, depression, seizures)
Hepatic dysfunction (jaundice)
Haematological (anaemia, neutropenia
Fatigue **H**eadache
Bone dysfunction (fractures, osteopenia)
Metabolic (body fat changes, hyperglycaemia, dyslipidaemia)
Kidney dysfunction (nephrolithiasis, renal insufficiency)

Codes for TB status

1. Assess for TB at each visit – see symptoms in *comorbidities and coinfections* – and record: **No signs**=no signs or symptoms of TB; or **Presumptive TB**=signs or symptoms of TB. If not assessed, record **ND**=not done, not assessed for whatever reason
2. If presumptive TB, refer (record referral in "Refer" col.) or send specimen (record specimen test sent, test type (**S**mear/**C**ulture/**X**pert) & record results (see box below) in "Investigations" col.)
3. Record whether or not TB confirmed (**TB-** =TB not confirmed if S/C=0 or X=N, I; **TB+** =TB confirmed if S/C=1–9,+,++,+++ or X=T,RR,TI) and type of TB (**PTB, EPTB, RR-TB, MDR-TB**)
4. If TB confirmed, record if on TB treatment (**TB Rx** or **MDR-TB Rx**) and TB/MDR-TB reg. no. Record TB Rx regimen in "Other meds" col. If TB excluded at first visit, initiate TB preventive therapy. Record TB preventive therapy start/complete in "TB preventive therapy" col.

Always update TB status box on front of card.

Codes for TB specimen test and results

For Smear (S) | Culture (C) results
0 = no AFB | no growth reported
1-9 = exact number if 1-9 AFB/100 HPF (scanty) | <10 colonies (report number of colonies)
+ = 10-99 AFB/100 HPF | 10-100 colonies
++ = 1-10 AFB/HPF | >100 colonies
+++ = >10 AFB/HPF | innumerable or confluent growth

For Xpert MTB/RIF results (X)
Xpert = Xpert test/diagnosis carried out
T = MTB detected, rifampicin resistance not detected
RR = MTB detected, rifampicin resistance detected
TI = MTB detected, rifampicin resistance indeterminate
N = MTB not detected
I = invalid / no result / error

Why SUBSTITUTE or SWITCH codes

Reasons for SUBSTITUTE only

1 Toxicity/side-effects
2 Pregnancy
3 Due to new TB
4 New drug available
5 Drug out of stock
6 Other reason (specify)

Reasons for SWITCH only

7 Clinical treatment failure
8 Immunological failure
9 Virological failure

Why STOP codes

1 Severe Illness, hospitalization
2 Drugs out of stock
3 Patient lacks finances
4 Excluded HIV infection in infant
5 Other (specify)

Codes for why non-adherence (any missed dose(s))

1 Forgot
2 Asleep
3 Busy
4 Change of routine
5 Travel cost
6 Distance to clinic
7 Patient lost/ran out of pills
8 Stock out
9 Toxicity/side-effects
10 Too ill
11 Pill burden
12 Felt well
13 Depression
14 Alcohol/substance use
15 Stigma/disclosure concerns
16 Lack of food
17 Poor palatability
18 Other (specify)

HIV-exposed infant final status

DEAD=dead (write in date of death if known)
P=positive **N**=negative and no longer breastfeeding
U=status unknown **LTF**=[mother] lost to follow up **TO**=[mother] transferred out
NT=active in care but not tested at 18 months

Nutritional support and infant feeding

Therapeutic **F**eeding
Infant **F**eeding **C**ounselling (if <2 years)
Nutrition **C**ounselling only (if > 2years)
Food **S**upport
Infant feeding practice on infant cards: **E**xclusive **B**reast **F**eeding; **R**eplacement **F**eeding; **M**ixed **F**eeding

Codes for child vaccination

BCG=bacille Calmette–Guérin
HepB=hepatitis B
OPV0-5=oral polio vaccine
IPV=inactivated polio vaccine
DT=tetanus and diphtheria toxoid
DTP1-3=diphtheria, tetanus toxoid, pertussis
DTwPHibHepB=diphtheria, tetanus, pertussis, *Haemophilus influenzae* and hepatitis B
Hib=*Haemophilus influenzae*
Pneumo_conj=Pneumococcal conjugate
Rotavirus
Measles
MR=Measles and rubella
MMR=Measles, mumps and rubella
Adapted by setting:
JapEnceph=Japanese encephalitis
YF=yellow fever
TickEnceph=tick-borne encephalitis
Typhoid
Cholera
HPV human papillomavirus
MenA/C/4=meningococcal conjugate
HepA=hepatitis A
Rabies
Flu=seasonal influenza
Varicella

Codes for hepatitis information

1. Test at enrolment. If HCV Ab negative, routinely retest those at high risk (record HBsAg or HCV Ab/RNA screening test dates and results in "Investigations" column). If HBsAg negative, vaccinate (record **HepB**=received HepB vaccination).
2. If positive, record **HBV**=hepatitis B (HBsAg+) or **HCV**=hepatitis C (HCV Ab+ or HCV RNA+) and assess staging of liver disease (**F0–4**=fibrosis staging; F4 or **cirrhosis**=presence of cirrhosis). (Also test partners and children).
3. Determine treatment. Record **HCV Rx**=receiving HCV treatment, list regimen or **HBV Rx**=receiving HBV treatment, list regimen.

	Follow-up education, support and preparation for ART [to be adapted by country]							
	Date							
Educate on basics, prevention (including key populations), disclosure	Basic HIV education, transmission, reinfection							
	Prevention: safer sex, condoms							
	Post-test counselling: implications of results							
	Positive living							
	Prevention: testing partners							
	Prevention: couples counseling							
	Prevention: PEP/PrEP							
	Prevention: targeted risk reduction							
	Prevention: opioid substitution therapy							
	Disclosure, to whom disclosed (list) (including to HIV-infected child)							
	Family/living situation							
	TB infection control/cough etiquette							
	HBV/HCV: testing family members of positives, vaccination of negatives							
	Shared confidentiality							
	Reproductive choices, prevention of MTCT							
	Child's blood test							
Progression, Rx	Progression of disease							
	Available treatment/prophylaxis							
	CTX prophylaxis, TB preventive therapy							
	Malaria prevention, IPT, ITN							
ART preparation, initiation. support, monitor, Rx	Follow-up appointments, clinical team							
	ART – educate on essentials (locally adapted)							
	Why complete adherence needed							
	Adherence preparation (also paediatric), indicate visits							
	Indicate when READY for ART: DATE/result clinical team discussion							
	Explain dose, when to take							
	What can occur, how to manage side-effects							
	What to do if one forgets dose							
	What to do when travelling							
	Adherence plan (schedule, aids, explain diary)							
	Treatment supporter preparation							
	Which doses, why missed							
	ARV support group							
Home-based care, support	How to contact clinic							
	Symptom management/palliative care at home							
	Caregiver booklet							
	Home-based care – specify							
	Support groups, clubs							
	Community support							