

SUPPLEMENTARY MATERIAL FOR PRODUCT GUIDE:

PUTTING HIV AND HCV TO THE TEST

Supplementary material includes national recommendations on infant diagnosis, testing of pregnant and breast-feeding women, CD4, and viral load testing, across 55 low- and middle-income countries, sourced from the IAPAC database.

JULY 2015

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Targeted viral load testing that is OPTIONAL versus NECESSARY for switch to 2nd line

Haiti	Not necessary.
	Optional.
	The clinical status, CD4 cell count and plasma
	VL (if available) can be used in an integrated
India	fashion to determine whether HIV disease is
	progressing while a patient is on ART; and
	whether a change should be made from first-
	line to second-line therapy.
Morocco	Necessary to CONFIRM treatment failure
South Sudan	Necessary to CONFIRM treatment failure.
	Necessary to diagnose ART failure. Where VL
Myanmar	is not available, use immunological criteria
	(CD4 count) to confirm clinical failure.
	Switch to second-line therapy based on
	combination of clinical monitoring & minimum
Zimbabwe	laboratory testing (CD4 count). Access to VL
Ziiiibabwe	testing is not widely available but should be
	considered when having to switch to second
	line therapy.

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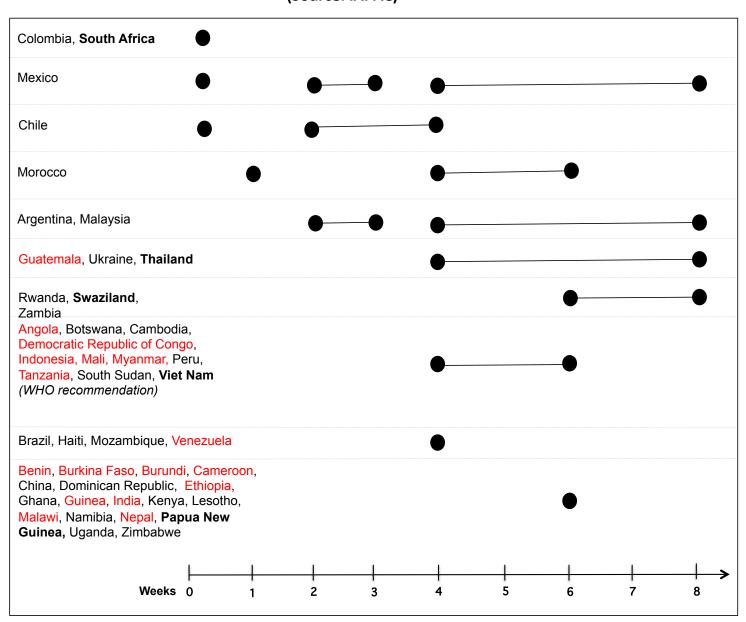
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Data on publishes was available from the IAPAC database. Analysis was performed until June 2015. Highlighted cells indicate changes between publisher versions.

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Timing of Early Infant Diagnosis (EID) for HIV-Exposed Infants within 2 Months of Birth (Source: IAPAC)



- In 2013, the percentage of HIV-exposed infants receiving a virological test within 2 months of birth was
 <30% in countries in red and >70% in countries in bold (source: UNAIDS GARPR 2014).
- Seven countries without recommendations and two countries (Nigeria and Sudan) recommending EID at first encounter are not shown.

Frequency of HIV testing in pregnant and breastfeeding women (Source: IAPAC)

		Pregnancy	/	Labour		Post	delivery (
	First trimester	Second trimester	Third trimester		Immediat ely after delivery	6 days	6 weeks	3 months	6 months	Post 6 months	Countries
1	•	•	•		1			•	•	3 monthly	South Sudan
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5	1	1	1		1						Sierra Leone
6	✓	1	✓								Malawi
7	1		✓	>							Ecuador
8	1	1									Kenya
9	•		•				•		•	6 monthly	Zimbabwe
10	1		1					1	1	3 monthly	Botswana, Lesotho
11	1		1		1						Venezuela
12	1		1								Ghana, Namibia, Tanzania
13	✓					1					Ethiopia
14	•										Burundi, Chile, Guatemala, India, Malaysia, Mexico, Rwanda

Note: Countries in bold recommend more frequent testing only for high risk women.

This table does not include Swaziland that recommends testing during every antenatal visit and at 6 weeks, 10 weeks, 14 weeks, 6 months, 9 months, 12 months, 15 months and 18 months post delivery. The remaining 29 countries did not have any recommendations.

We assume that first test is during the first trimester.

If the first visit is during the second trimester, all countries in rows 1-12 will test women in the second and third trimester.

Countries in rows 13 and 14 will test women once in the second trimester.

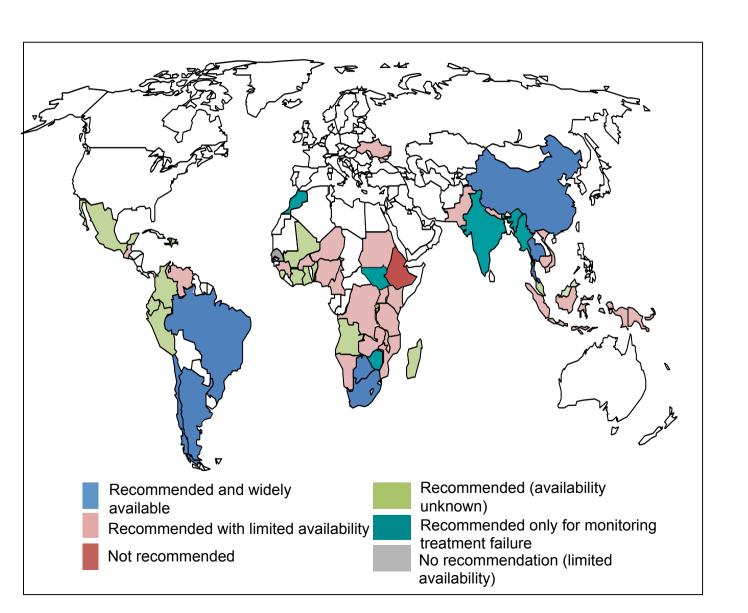
Frequency of HIV testing post delivery remains the same.

Frequency of CD4 Testing after ART Initiation from 55 Low- and Middle-Income Countries (Source: IAPAC)

FREQUENCY	NO. OF COUNTRIE S	COUNTRIES						
Month 1; 3-monthly thereafter	1	Madagascar						
Every 3 months	1	Ukraine						
Every 3-months for 1 year; 6-monthly thereafter	1	China						
Every 3-4 months	2	Malaysia, Sierra Leone						
Every 3-6 months	4	Angola, Argentina, Colombia, Pakistan						
Month 3 and 6; 6-monthly thereafter	2	Botswana, Burkina Faso						
Month 3; 6-monthly thereafter	1	Nigeria						
Month 3; every 4-6 months thereafter	1	Chile						
Every 4-6 months	2	Dominican Republic, Mexico						
6-monthly (WHO recommendation)	28	Benin, Brazil, Burundi, Cambodia, Cote d'Ivoire Democratic Republic of Congo, Ecuador, Ethiopia, Guatemala, Guinea, Haiti, India, Indonesia, Lesotho, Mali, Mozambique, Myanmar, Nepal, Niger, Papua New Guinea, Peru, Rwanda, South Sudan, Sudan, Tanzania, Viet Nam, Zambia, Zimbabwe						
Every 6-12 months	1	Venezuela						
Month 6; yearly thereafter	1	Ghana						
In case of virologic failure	1	Namibia						
Month 12	1	South Africa						
Every 6 months. Stop once two consecutive CD4 count >350	3	Cameroon, Swaziland, Thailand						
Not recommended	3	Kenya, Malawi, Uganda						
Recommendation not available	2	Morocco, Senegal						

Note: Availability of CD4 testing services is limited in at least 15 countries in red that recommend routine CD4 monitoring.

Recommendation on Use of Viral Load Testing for ART Monitoring and its Availability (Source: IAPAC)



Recommendations on the Frequency of Viral Load Testing for ART Monitoring (Source: IAPAC)

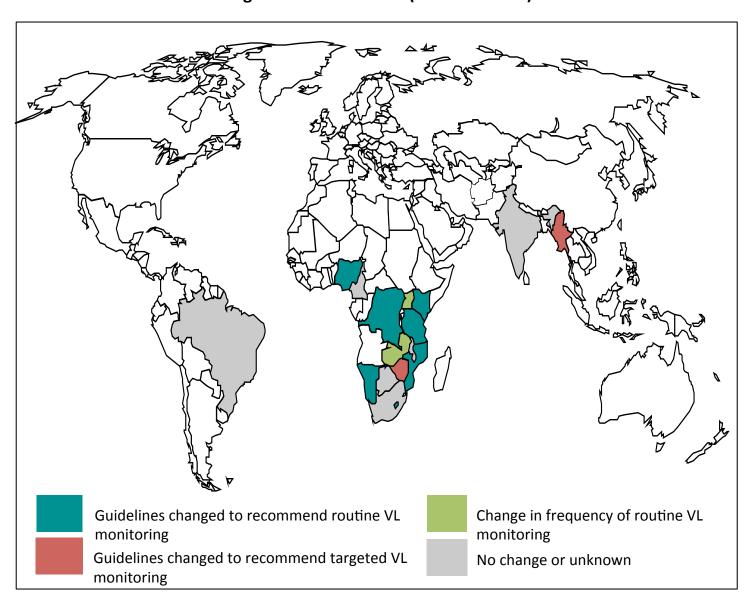
MONTH AFTER ART INITIATION	Month	Month	Month	Month	Month	Month	Month	Post the last VL
MONTH AFTER ART INITIATION	1	3	6	9	12	18	24	test
Angola, Burundi, Dominican Republic, Ecuador, Guatemala, Malaysia*, Mali, Niger, Nigeria, Pakistan**, Papua New Guinea, Venezuela, Viet Nam			•		`	*	•	6-monthly
Argentina***, Colombia***	1		1		1	•	•	3-6 monthly
Ukraine		1	1	1	1	1	1	6-monthly
Botswana, Brazil, Chile*, Mexico, Peru, Sierra Leone		1	1		1	*	1	6-monthly
Thailand		1	1		1		1	Yearly
Benin, Burkina Faso, Cameroon, China, Cote d'Ivoire, Democratic Republic of Congo, Ghana, Indonesia, Kenya, Lesotho, Madagascar, Mozambique, Namibia, Nepal, South Africa, Sudan, Swaziland, Tanzania, Uganda, Zambia (WHO recommendation)			,		•		•	Yearly
Guinea, Rwanda					1		1	Yearly
Malawi			1			_	1	Biennially
Cambodia							1	Yearly

Note: *Chile and Malaysia recommend viral load monitoring every 4-6 months.

^{**}Pakistan recommends it every 3-6 months.

^{***}Argentina and Colombia recommend viral load monitoring at 4-6 and 4 weeks, respectively and then every 3-6 months.

Changes in the recommendation on use of viral load for monitoring of people on ART in 17 high-burden countries (Source: IAPAC)



Note: Myanmar earlier recommended routine VL testing in settings where VL was widely available