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HIGH VIRAL LOAD MANAGEMENT PROCESS FLOW

Viral load test results are received at the lab. Results are logged into the VL tracking log

The lab tech flags the unsuppressed VL test results and hands them over to the VL champion/Clinician at the CCC

(Happens on the same day)

The VL champion/Clinician documents the STF register and assigns a peer to call back the patients for the EAC sessions. Patients are expected to return as soon as possible after the call.

(Happens same day)

Document the Telecare form and the phone call log

Once the patient comes in for the EAC sessions, the team needs to ensure at least 3 EAC sessions are conducted, and barriers addressed within the expected 3 months. Unless the case requires more support beyond the three months.

(NASCOP guidelines)

Ensure the STF register is updated at each visit.

The team will convene the first MDT to discuss possible barriers to adherence and develop a plan of support for the High Viral Load cases. (This happens within the same week of receiving the results)The team will discuss and determine those eligible for home visits for those that are eligible for one. However, all Adolescents and Children with a high viral load MUST get a Home Visit.

Once barriers have been addressed and adherence re-enforced, conduct a confirmatory VL test after three months of assured adherence.

VL 50 -999	VL <u>≥</u> 1000	VL suppressed (LDL)
Consult the regional/national HIV clinical TWG or call "Uliza" Hotline	and switch to a	Continue with the current regimen, monitor adherence, and repeat VL after 6 months.

Indications for home visits:

- a) Alcoholic and substance abuse
- b) Patients with treatment supporter challenges
- c) Patients with mental health issues
- d) Patients with disabilities
- e) Elderly patients
- f) Any case the MDT decides a home visit would be helpful