CONSOLIDATED GUIDELINES ON
PERSON-CENTRED
HIV STRATEGIC
INFORMATION
STRENGTHENING ROUTINE DATA
FOR IMPACT

WEB ANNEX H
HIV CARE AND TREATMENT PATIENT CARD
### Prior ARVs

<table>
<thead>
<tr>
<th>Y(-)</th>
<th>Prior ARV</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ARVs during pregnancy or breastfeeding</td>
<td>/ / Where_________ ARVs_________</td>
</tr>
<tr>
<td></td>
<td>ARV prophylaxis for HIV-exposed infant</td>
<td>/ / Where_________ ARVs_________</td>
</tr>
<tr>
<td></td>
<td>Earlier ARV (not transfer in for those re-engaging in care)</td>
<td>/ / Where_________ ARVs_________</td>
</tr>
<tr>
<td></td>
<td>ARVs for PEP or PrEP</td>
<td>/ / Where_________ ARVs_________</td>
</tr>
</tbody>
</table>

### ART COHORT (month/year): _______/________

<table>
<thead>
<tr>
<th>Date</th>
<th>Initial 1st-line ART regimen</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At start ART: Clinical stage: Stage_ <em>CD4</em> _TB+ <em>TBRx</em> TB-exposed infant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIVAg_ HCV RNA_ Pregnant_ Postpartum_ Breastfeeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Substitute within 1st-line</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>/</em>/_ New regimen_ Why_</td>
<td></td>
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<td><em>/</em>/_ New regimen_ Why_</td>
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<td>Switch to 2nd-line (or substitute within 2nd-line)</td>
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<td>Switch to 3rd-line (or substitute within 3rd-line)</td>
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### ART treatment interruptions -- STOP or missed drug pick-up

<table>
<thead>
<tr>
<th>Date</th>
<th>Why</th>
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<tbody>
<tr>
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#### ART status

<table>
<thead>
<tr>
<th>Date</th>
<th>Substitution orART transfer in from ARVs_________</th>
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</table>

### Family status

#### HIV-exposed infant follow up

<table>
<thead>
<tr>
<th>Exposed infant (name/ no.)</th>
<th>DOB</th>
<th>Infant feeding practice at birth &amp; 3 mos.</th>
<th>CTX started by 2 months Y/N</th>
<th>Infant ARV prophylaxis drug(s)</th>
<th>HIV test type/result</th>
<th>Final status</th>
<th>Unique ID (if confirm HIV+)</th>
</tr>
</thead>
</table>

#### Drug allergies

- Relevant chronic conditions
- Concomitant medications

#### TB status

<table>
<thead>
<tr>
<th>TB reg #:</th>
<th>Date</th>
<th>Test type (circle)</th>
<th>TB Rx start date</th>
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<tbody>
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<table>
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<tr>
<th>TB status</th>
<th>Date</th>
<th>TB screen + date</th>
<th>S C X</th>
<th>TB Rx start date</th>
</tr>
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<tr>
<th>TB status</th>
<th>Date</th>
<th>TB prev. therapy start date</th>
<th>Date of investigation</th>
<th>TB +</th>
<th>TB Rx stop date</th>
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### ART

#### ART initiation site:

- Health facility; facility name: ___________________
- Community site

#### Community service provider name:

- Health district ____________ Health unit ____________ Health clinician/team ____________
- Community service provider name: _____________________________________________________

#### Name ________________________________________ Pt clinic ID no. ______________________

- Gender: □ M □ F □ Other
- Age ____________ DOB __________________
- Marital status ________________________
- Address __________________________________________________________ District ____________
- Telephone (whose?): ______________________

#### Treatment supporter/med pick-up if ill?: □ Y □ N: If yes, who: ________________________

#### Date HIV diagnosis

First HIV+ test ___ / ___ / ___

Confirmed HIV+ test date ___ / ___ / ___

Ab/erological test (circle test type) Where?___________________

Re-engagement in HIV care? □ Y □ N

If no, reason (see codes): ____________

### HIV test type/result

- Final status ____________
- Unique ID (if confirm HIV+) ____________

### ART treatment interruptions -- STOP or missed drug pick-up

<table>
<thead>
<tr>
<th>Date if restart</th>
<th>Why</th>
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<tbody>
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</table>

#### Follow-up status

<table>
<thead>
<tr>
<th>Date</th>
<th>Lost to follow up</th>
<th>原因</th>
<th>Date if restart</th>
<th>Tracing for reengagement</th>
<th>Transfer out – to where?</th>
<th>Dead</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
### HIV care and treatment patient card: encounter page- complete the columns as needed/where relevant

| Date | Next Follow-up date | Wt/Ht | Pregnancy/ RH-FP choices | TB status | Vaccination | Hepatitis | Treatment-limiting toxicities adverse drug reactions | Comorbidities and coinfections (including new OIs, STIs and major NCDs) if child, include nutritional problems | Co-trimoxazole Adhere? Dose/days | TB preventive treatment (TPT) Record start and complete dates and TPT regimen (see codes) | Other meds dispensed (including TB/MDR-TB, any other prophylaxis, e.g. fluoroxyazole, nutritional supplements, opioid agonist maintenance therapy) Record start and completion dates | ART No. of missed doses/ why missed | Duration in months since first starting ART/since starting current regimen | Differentiated ART service delivery (DSD) Complete at baseline and update when needed Eligible? (Y/N) Start date Model (see codes) | Advanced HIV disease (Y/N) | Lab investigations (Record when sample collected and when results received in visit date rows) | CD4 If < 5 years, record CD4 %* | Viral load** | WHO-recommended screening tests** | Refer or consult or link/provide including nutritional support and infant feeding (use follow-up education page for notes) if hospitalized, no. of days |
|------|---------------------|-------|--------------------------|-----------|-------------|-----------|-------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------------------------|-----------------------------------------------|---------------------------------------------------------------------------------|---------------------------------|------------------------------------------------|---------------------------|-----------------|----------------|------------------------------------------------|
|      |                     |       |                          |           |             |           |                                                 |                                                                                 |                          |                                        |                                |                                                                                 |                                  |                                               |                          |                 |               |                                                 |

* Viral load and CD4 tests to be conducted at timepoints as suggested by national guidelines

** WHO-recommended screening tests: Hgb, RPR/TPHA, HBsAg, HCV Ab/RNA, sputum CXR/Xpert, infant Ab/HIV virological test; list others.
HIV patient care and treatment card: codes

Codes for pregnancy/RH-FP choices
- P=unmarried. List EDD and ANC no. If referred for PMTCT, note in "Refer" column.
- A=recent induced abortion. Note if safe or unsafe and when.
- W=Wants to become pregnant now or considering; not using FP. Note when.
- B=currently breastfeeding
- F=not sexually active now
- M=recent miscarriage/spontaneous abortion. Note when.
- U=Unexpected pregnancy

Codes for TB status
1. Assess for TB at each visit – see codes for 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" column) or send specimen (record specimen test sent, test type (Smear/mWRD)). Record results (see box below) in "Investigations" col.
3. Recorded whether or not TB confirmed (TB−=no signs or symptoms of TB; or TB+ if S/C=1–9, +++, ++++). If not assessed, record N=not done, not assessed for whatever reason.
4. If TB confirmed, record if on TB treatment (TB Rx=on tuberculosis treatment, regimen no. Record TB Rx regimen in "Other meds" column).

Codes for treatment-limiting toxicity
1. Toxicity/side effects
2. Change of routine
3. Drug out of stock
4. Too ill
5. Stock out
6. Poor palatability
7. Other reason (specify)

ART: Why SUBSTITUTE or SWITCH codes
Reasons for SUBSTITUTE only
1. Toxicity/side-effects
2. Drug–drug interaction
3. Pregnancy
4. Due to new TB
5. New drug available
6. Drug out of stock
7. Other reason (specify)

Reasons for SWITCH only
8. Clinical treatment failure
9. Immunological failure
10. Virological failure

ART: Why STOP codes
1. Toxicity/side effects
2. Severe illness, hospitalization
3. Drugs out of stock
4. Patient lacks finances
5. Excluded HIV infection in infant
6. Other (specify)

ART: Codes for why missed (any missed dose(s))
1. Felt well
2. Alcohol/substance use
3. Stigma/disclosure concerns
4. Fear of disclosure
5. Fatigue
6. Distress to clinic
7. Lack of food
8. Patient lost/ran out of pills
9. Too ill
10. Other (specify)

ART: Why missed (any missed dose(s))
1. Patient self-reported as not ready/willing
2. Patient diagnosed with cryptococcal meningitis
3. Fear of disclosure
4. Patient lacks finances
5. Initiated on TB treatment
6. Patient initiated on treatment for TB meningitis
7. Patient diagnosed with cryptococcal meningitis
8. Patient diagnosed with histoplasmosis
9. Patient critically/severely ill
10. Other (specify)
HIV care and treatment card: codes continued

**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**: lost to follow up
- **[mother]**: mother [transferred out]
- **[mother]**: transferred out
- **NT**: active in care but not tested at 18 months

**Nutritional support and infant feeding**
- **Therapeutic Feeding**
- **Infant Feeding Counselling** (if <2 years)
- **Nutrition Counselling only** (if > 2 years)
- **Food Support**
- **Infant feeding practice on infant cards**: Exclusive, Breast Feeding, Replacement Feeding, Mixed Feeding

**Codes for child vaccination**
- **BCG**: bacille Calmette–Guérin
- **HepB**: hepatitis B
- **OPV-5**: oral polio vaccine
- **IPV**: inactivated polio vaccine
- **DT**: diphtheria and tetanus toxoid
- **DT+Hib**: diphtheria, tetanus, pertussis, *Haemophilus influenzae* and hepatitis B
- **Hb**: *Haemophilus influenzae*
- **COVID-19**
- **Pneumonia**: pneumococcal conjugate
- **Rotavirus**
- **Measles**
- **MR**: measles and rubella
- **Rubella**
- **MMR**: measles, mumps and rubella
- **Adapted by setting**: Japanese encephalitis
- **Yellow fever**
- **Tick-borne encephalitis**
- **Typhoid**
- **Cholera**
- **HPV**: human papillomavirus
- **MenA/C**: meningococcal conjugate
- **HepA**: hepatitis A
- **Rabies**
- **Flu**: seasonal influenza
- **Varicella**
- **Dengue**
- **Other**: (specify)

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- **Dengue**
- **Other**: (specify)

**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=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.

**Differentiated service delivery (DSD) model codes**: Adapt to country adopted models
1. Fast-track ART refill
2. Facility adherence club
3. Community ART distribution point
4. CHW/peer educator-led community ART group
5. Patient/client community ART group
6. Other (specify)

**DSD eligibility criteria**: Established on ART = (1) receiving ART for at least six months; (2) no current illness, which does not include well-controlled chronic health conditions; (3) good understanding of lifelong adherence/adequate adherence counselling provided; and (4) treatment success evidenced by at least one suppressed VL result in past six months. If VL not available, CD4 cell count >200 cells/mm³ or weight gain, absence of symptoms or concurrent infections. For children 3–5 years, CD4 count >350 cells/mm³.

**Codes for screening tests for people living with HIV (advanced HIV disease*)**
- **Coccicoccal antigen test**
- **Histoplasmosis antigen test**
- **TB screening**
- **TB diagnosis** with molecular WHO-approved rapid diagnostic TB Test mWRD
- **LF LAM** in individuals with CD4 <100 cells/mm³ in outpatients service

*WHO defines advanced HIV disease for adults and adolescents (and children five years and older) as having a CD4 cell count of less than 200 cells/mm³ or WHO clinical stage 3 or 4 disease.

**WHO functional status** for individuals with advanced HIV disease
- **Working**: able to perform usual work both inside and outside the home
- **Ambulatory**: able to perform activities of daily living (ADL) but not able to work
- **Bedridden**: not able to perform ADL
### Follow-up education, support and preparation for ART (to be adapted by country)

<table>
<thead>
<tr>
<th>Date</th>
<th>Basic HIV education, including transmission, reinfection</th>
<th>Prevention: safer sex, condoms</th>
<th>Post-test counselling: implications of results</th>
<th>Positive living and healthy lifestyle (diet, exercise)</th>
<th>Prevention: testing partners</th>
<th>Prevention: couples counseling</th>
<th>Prevention (partner): PEP/PrEP</th>
<th>Prevention and treatment of STIs</th>
<th>Prevention: Targeted risk reduction</th>
<th>Prevention: OAMT</th>
<th>Disclosure: to whom disclosed (list) and what age and how for HIV-infected child, stigma</th>
<th>Family/living situation</th>
<th>TB infection control/cough etiquette</th>
<th>HBV/HCV: testing family members of positives, vaccination of negatives</th>
<th>Shared confidentiality</th>
<th>Reproductive choices, prevention of MTCT</th>
<th>Child’s blood test</th>
</tr>
</thead>
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<tr>
<th>Progression, Rx</th>
<th>Follow-up appointments, clinical team</th>
<th>ART – educate on essentials (locally adapted)</th>
<th>Importance of maintaining adherence</th>
<th>Adherence preparation (also paediatric), indicate visits</th>
<th>Explain dose, when to take</th>
<th>What can occur, how to manage side-effects</th>
<th>What to do if one forgets dose</th>
<th>What to do when travelling</th>
<th>Adherence plan (schedule, aids, explain diary)</th>
<th>Treatment supporter preparation</th>
<th>Which doses? Why?</th>
<th>ARV support group</th>
<th>How to contact clinic</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>ART preparation, initiation, support, monitoring, Rx, DSD</th>
<th>Enhanced adherence counselling for those with detectable VL (&gt;1000 copies/mL)</th>
<th>Tailored adherence support for advanced HIV disease</th>
<th>Differentiated service delivery eligibility, models of DSD, benefits and preparation</th>
<th>Pain and symptom management for advanced HIV disease</th>
<th>Home visits for people with advanced HIV disease</th>
<th>Psychosocial interventions</th>
<th>Community support</th>
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- Adherence preparation (also paediatric), indicate visits
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- Pain and symptom management for advanced HIV disease
- Home visits for people with advanced HIV disease
- Psychosocial interventions
- Community support
For more information, contact:

World Health Organization
Department of Global HIV, Hepatitis and STIs Programmes
20, avenue Appia
1211 Geneva 27
Switzerland

Email: hiv-aids@who.int

www.who.int/hiv