

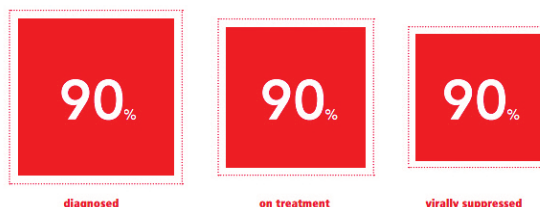
# Tool 8 Viral Load Monitoring

## Ensure PLHIV on ART receive routine VL monitoring and appropriate clinical actions based on VL results

1. **Provide Viral Load Monitoring in line with MOHCC 2016 Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe.**
2. **Generate client demand for VL monitoring as a tool to measure progress towards treatment goals.**
3. **Have systems in place to know which clients need VL monitoring at their next visit.**
4. **Follow SOPs for taking VL samples, sample transportation and documenting processes.**
5. **Correctly interpret VL results and provide appropriate clinical action.**

The ultimate goal of HIV treatment is sustained viral suppression.

Viral load (VL) monitoring is the key to measuring HIV treatment success and achievement of the 3rd 90. With increasing numbers of patients on ART under Treat All, the need for routine viral load monitoring that results in appropriate clinical action will become the key to reaching the 3rd 90: 90% of PLHIV on ART achieving viral suppression.



Through its HIV Viral Load Scale-Up Plan (2015-2018), the Ministry of Health and Child Care is committed to rapidly increasing the accessibility of Viral Load Monitoring across Zimbabwe.

A **Viral Load Capacity Snapshot Survey** conducted by OPHID and FACE HIV Program partners in 2016 showed that very few health care workers were confident:

- Taking samples and arranging transport and results return for VL monitoring
- Interpreting VL results
- Using or aware of standard procedures for taking clinical action based on VL results.

VL sensitisations were subsequently conducted which greatly improved health care worker capacity to conduct VL monitoring.

### Viral Load Monitoring and the Last 90

#### VL Snapshot

An inventory of facility and laboratory capacity and needs for Viral Load monitoring



OPHID Snapshot Brief No.1  
June 2016



This Tool provides important tips to support health system actors to provide high quality VL monitoring services, and generate client demand for VL monitoring.

# Viral Load Monitoring

## 1. Provide Viral Load Monitoring in line with MOHCC 2016 Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe

All PLHIV on ART will be expected to have a **routine VL TEST** done at **6 months after ART initiation, 12 months after ART initiation and annually thereafter.**

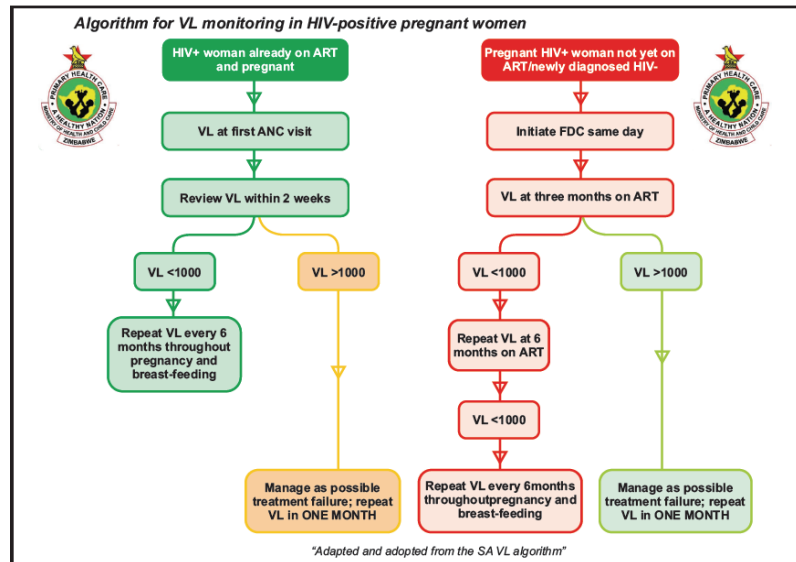
Phased scale up of routine viral load monitoring highlights that the following target populations be prioritised:

1. Children and adolescents
2. Pregnant and breastfeeding woman



All health care workers and managers should be familiar with the 2016 Guidelines for Antiretroviral Therapy for the Prevention and Treatment of HIV in Zimbabwe: **Sections: 6.4 Use of Viral Load Testing in Pregnancy and 8.9 Virological (HIV Viral Load) Monitoring.**  
Review algorithm on p.75 of OSDM.

To further support operationalization of 2016 MOHCC Guidelines, OPHID has produced **VL Monitoring Job Aide tools** to help prompt health care workers to conduct VL monitoring and provide simplified guidance on VL monitoring algorithms and actions.



**Annex VII: Viral Load Monitoring Job Aide** for additional simplified guidance for health care workers on VL monitoring used in the FACE HIV program.

## 2. Generate client demand for VL monitoring as tool to measure progress towards treatment goals

**Generating client demand for viral load monitoring is an important role of all health care workers providing HIV care and treatment services.**

- Before and after ART initiation, health care workers should emphasize with all HIV positive clients that **sustained viral suppression is the ultimate goal of HIV treatment.**
- Viral Load monitoring is essential for determining if a client is responding to their HIV treatment and helping identify clients with adherence problems and providing enhanced adherence counselling.
- It is therefore in the best interest of all clients to be aware of and demand VL monitoring services where available.
- All clients should make note of their **Viral Load monitoring visit at ART initiation** and develop strategies to remind them for timely uptake of services.



**Annex VIII: Patient Education Pamphlet on Viral Load Monitoring** for a useful tool developed to support generating knowledge and demand for viral load monitoring services among PLHIV.



# Viral Load Monitoring

## 3. Have systems in place to know which clients need VL monitoring at their next visit

MOHCC and its implementing partners are rapidly increasing access to Viral Load monitoring at health facilities across Zimbabwe. **All health facilities should have standard operating systems in place for effectively and efficiently identifying clients on ART in need of VL monitoring.**

**For clients on ART for less than 6 months:** take note of when VL monitoring is required and provide clients with a reminder that VL will be required at their next/6 month visit. Clients with upcoming VL should be noted in facility appointment book/Electronic Patient Monitoring systems and regular checks carried out for clients with missed appointments.

**For clients on ART for more than 6 months:** the most effective method of determining which clients are due for Viral Load required testing is through use of the Electronic Patient Monitoring System (EPMS). Every morning the data entry clerk should provide the consulting nurse/doctor with a list of client due for viral load sample collection on that particular day.

If a health facility does not have EPMS, then they should use appointment diaries as a means to identify clients due for viral load sample collection. When booking clients for the next appointment in the appointment diary, if they are due for a viral load sample collection it should be indicated in front of the patient's name or OI/ART number.

**STEP 1:** Go back to ART cohort (Green Books) 7 months from current month. For example, if March 2017, go back to August 2016 Green Book cohort.

**STEP 2:** Identify which clients in this cohort have documented VLs taken.

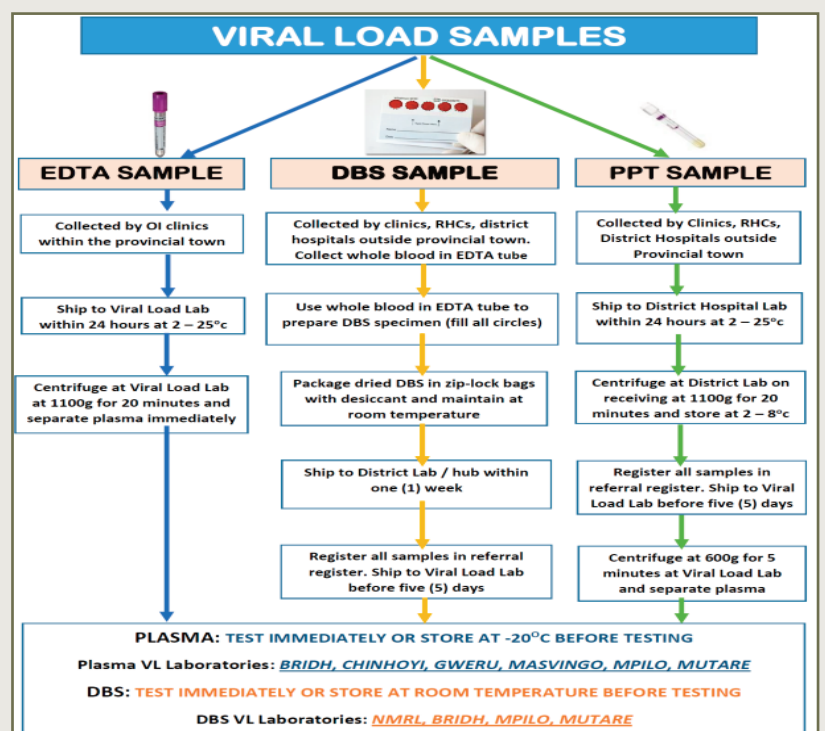
**STEP 3:** Contact all clients with no documented VL for return to care.

**STEP 4:** Conduct Viral Load monitoring and follow MOHCC guideline and Operational Service Delivery Manual for appropriate action.



## 4. Follow SOPs for taking VL samples, sample transportation and documenting processes

Viral load sample collection, handling and transportation should be done using the job aides provided by the Directorate of Lab Services within the MOHCC.



# Viral Load Monitoring

## 5. Correctly interpret VL results and provide appropriate clinical action

### Increased availability of VL monitoring represents a new opportunity to provide more effective HIV care and treatment using differentiated models.

Based on learning phase experiences, OPHID has developed a Viral Load Monitoring Job Aide and sticker system (Annex VII) for identifying, documenting, and providing appropriate clinical action for stable and unstable clients based on Viral Loads results.

All HIV positive clients with more than 6 months on ART without a VL result sticker on their file should be contacted for return to care.

The colour of the sticker is dependent on the viral load result. Each sticker is to be placed on the patient's OI/ART green booklet.

Viral Load Range	Sticker Colour	Interpretation Key messages	Clinical Action
0 – 999 copies/ml	Green	<p><b>Suppressed viral load:</b></p> <ul style="list-style-type: none"> <li>• Good result</li> <li>• PATIENT IS TAKING MEDICATION WELL!</li> <li>• The virus is susceptible to the current ART regimen</li> <li>• Congratulate patient; emphasise that maintaining viral suppression requires continued high levels of adherence</li> </ul>	<ul style="list-style-type: none"> <li>• Patient continues current medication</li> </ul> <p>A stable patient on ART is defined as someone who:</p> <ul style="list-style-type: none"> <li>• Has no current OIs, has a VL &lt; 1,000 copies/ml and is at least 6 months on ART</li> <li>• Where viral load is not available the client should have no current OIs, a CD4 &gt; 200 copies/ml and be at least 6 months on ART</li> </ul>
> 1000 copies/ml	Red	<p><b>Unsuppressed viral load:</b></p> <p>Virus not suppressed by the current medication; why?</p> <ul style="list-style-type: none"> <li>• Poor adherence; low blood levels of ARVs to suppress HIV; or</li> <li>• HIV drug resistance: the virus has changed and medications are no longer effective at suppressing HIV</li> </ul>	<p><b>DO NOT CHANGE ART regimen based on one viral result!</b></p> <ul style="list-style-type: none"> <li>• Give patient monthly ARV resupply, this can be reviewed based on the frequency deemed necessary to improve adherence</li> <li>• Conduct Enhanced Adherence Counselling (EAC): Minimum 2 EAC sessions, over a 3 months period</li> <li>• Fill out the right VL form</li> </ul> <p>Repeat viral load after 3 months, only if adherence has improved If second VL result is:</p> <ul style="list-style-type: none"> <li>• &lt; 1000 continue ART;</li> <li>• &gt; 1000 consider switching to 2nd or 3rd line ART</li> </ul> <p>Remove red sticker once client is suppressed</p>



All Health Care Workers should ensure they are familiar with **Chapter 2.4 to 2.6 on Differentiated ART Delivery** of the OSDM to review recommended differentiated models for stable and unstable clients. Section 2.7.3 outlines actions that should be taken on receipt of viral load results.

#### VIRAL LOAD MONITORING QUICK REFERENCES:

##### MOHCC guidance and tools that all health care managers and providers should be familiar with:

- ✓ MOHCC Monitoring and Evaluation Forms: Viral Load Monitoring Request Form, High Viral Load Form (for enhanced adherence counselling and second line consideration)
- ✓ Consolidated HIV and AIDS Job Aide: Defining treatment failure in adults (p.73) and children; acting on Viral Load Results (p. 76); patient counselling (p.120-121); Enhanced Adherence Counselling (p.139)
- ✓ Operational and Service Delivery Manual: Section 2.4-2.7 with particular attention to: Routine viral load monitoring algorithm (p. 75) and 2.7 Differentiated ART Delivery for clients with high viral load
- ✓ MOHCC 2016 Guidelines for ART for Prevention and Treatment of HIV in Zimbabwe: Section 6.4 Use of Viral Load Testing in Pregnancy & 8.9 Virological (HIV Viral Load) Monitoring
- ✓ Ministry of Health and Child Care. Zimbabwe HIV Viral Load Scale-up Plan 2015-2018. Harare, 2015.



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For more information contact:  
**Organization for Public Health Interventions and Development**  
20 Cork Road, Belgravia, Harare, Zimbabwe  
www.ophid.co.zw/

