

**Scottish Paediatric & Adult Infection & Immunology Network (SPAIIN)**

SPAIIN Guidance for the Annual Review of Children and Adolescents’ Living with HIV

*NOTE*

*This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined on the basis of all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient’s case notes at the time the relevant decision is taken.*

|  |  |
| --- | --- |
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| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Immunisation Section**

**Before** completing this section, please refer to previous immunisation records / annual reviews.

**Varicella immunisation (over 1 year of age)**

Clinical history of VZV? YES NO

 Date of VZV immunisation: \_\_\_ / \_\_\_ / \_\_\_\_

 Is there a presence of VZV lgG? YES Enter Level \_\_\_\_\_\_\_\_\_

NO Consider VZV immunisation (dependant on current CD4 count – discuss with responsible physician)

 NOT CHECKED Please test for presence.

 Date: \_\_ / \_\_ / \_\_\_\_

**Hepatitis B Immunisation**

Has a course of Hepatitis B immunisations been given?

YES

NO Please check HBsAg & anti-HBc (and Hep C Ab) and if no evidence of Hep B infections then a course of Hepatitis B vaccines to be given and HBsAb level checked thereafter.

If YES has HBsAb level been checked? YES Enter Level \_\_\_\_\_\_\_\_\_\_\_

NO Please check and discuss level with responsible physician.

* + - * + If level < 10 IU/ml then please check HBsAg and anti-HBc

If both negative organise full course of repeat Hepatitis B immunisation - GREEN BOOK/CHIVA Guideline

* + - * + If level 10-100 IU/ml then organise for a single booster Hepatitis B immunisation Green Book/CHIVA Guideline
				+ If level > 100 IU/ml then no further action required -

If more than 5 years since primary course of Hepatitis B immunisation, has a single booster been given (one time only)? Green Book /CHIVA Guideline

 Date of Booster: \_\_\_ / \_\_\_ / \_\_\_\_

If not yet done please organise Date contacted GP: \_\_\_ / \_\_\_ / \_\_\_

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Immunisation (continued)**

**Influenza**

Annual influenza immunisation YES No further action required

 NO Please organise with GP

Date contacted GP: \_\_\_ / \_\_\_ / \_\_\_\_

**Pneumococcal**

If the child did not receive immunisations as per the UK immunisation schedule did they receive Prevnar 13?

 YES No further action required

NO Please arrange for Prevnar 13 immunisation x 2 (1 month apart) with GP if age < 5years

Date contacted GP: \_\_\_ / \_\_\_ / \_\_\_\_

**Measles/MMR**

Measles Immunisation YES No further action required

 NO Please organise with GP

Date contacted GP: \_\_\_ / \_\_\_ / \_\_\_\_

Measles IgG detected YES

 NO

**COVID-19 (over 5yrs)**

COVID-19 vaccination YES No further action required

 NO Please organise with GP

Date contacted GP: \_\_\_ / \_\_\_ / \_\_\_\_

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Metabolic Section**

**Bone health and vitamin D status**

Annual autumn / winter check – DATE: \_\_\_ / \_\_\_ / \_\_\_

Results:

|  |  |
| --- | --- |
| Ca (adjusted) |  |
| PO4 |  |
| 25OVitD |  |
| PTH |  |
| ALP |  |
| Creatinine |  |
| Urea |  |
|  |  |

***VITAMIN D***

VIT D dose dispensed with each 3 monthly prescription of ARVs:

 **Lipids and Vascular Health**

Once yearly cholesterol, HDL, LDL and triglycerides (non-fasting) – date:

Total Cholesterol: LDL Cholesterol:

If cholesterol > 4.4, or LDL cholesterol > 2.9 refer to dietician and arrange repeat testing (fasting) within 6 months.

If cholesterol > 5.2, or LDL cholesterol > 3.4 obtain fasting measurement and discuss with responsible clinician.

Does the Patient smoke? YES

NO

Patient BP mmHg

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Renal Health**

Is the child / adolescent currently on tenofovir / atripla / truvada / eviplera?

NO

YES Has the child / adolescent had a least 2 documented normal plasma phosphate urine protein / creatinine ratio checked YES Plasma phosphate levels \_mmol/l DATE: \_\_\_ / \_\_\_ / \_\_\_\_

 Urine protein / creatinine ratio checked

 DATE: \_\_\_ / \_\_\_ / \_\_\_

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Growth and Puberty Section**

|  |  |
| --- | --- |
| Height |  |
| Weight |  |
| BMI = Height (cm) / Weight (kg) |  |

If BMI > 25 then refer to dietician / local weight loss support program (e.g. weigh to go).

If height or weight below 2nd centile or falling through centiles then discuss with responsible clinician.

**Plot on growth chart within notes**

**Puberty – staged from 12 years of age – as assessed by a physician**

|  |  |
| --- | --- |
| **✓ List** | **Boys – Development of external genitalia** |
|  | Stage 1: | Prepubertal |
|  | Stage 2: | Enlargement of scrotum and testes; scrotum skin reddens and changes in texture |
|  | Stage 3: | Enlargement of penis (length at first); further growth of testes |
|  | Stage 4: | Increased size of penis with growth in breadth and development of glands; testes and scrotum larger, scrotum skin darker |
|  | Stage 5: | Adult genitalia |
|  |
| **✓ List** | **Girls – Breast Development** |
|  | Stage 1: | Prepubertal |
|  | Stage 2: | Breast bud stage with elevation of breast and papilla; enlargement of areola |
|  | Stage 3: | Further enlargement of breast and areola; no separation of their contour |
|  | Stage 4: | Areola and papilla form a secondary mound above level of breast |
|  | Stage 5: | Mature stage; projection of papilla only, related to recession of areola |
|  |  |  |
| **✓ List** | **Boys and Girls – Pubic Hair** |
|  | Stage 1: | Prepubertal (can see vellus hair similar to abdominal wall) |
|  | Stage 2: | Sparse growth of long, slightly pigmented hair, straight or curled, at base of penis or along labia |
|  | Stage 3: | Darker, coarser and more curled hair, spreading sparsely over junction of pubes |
|  | Stage 4: | Hair adult in type, but covering smaller area than in adult; no spread to medial surface of thighs |
|  | Stage 5: | Adult in type and quantity, with horizontal distribution (“feminine”) |

Indications for referral to endocrinology: no signs of secondary sexual characteristics in girls aged 13 and boys aged 14 or more practically if the patient is concerned, particularly if there is no family history of pubertal delay.

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1. **Neurodevelopment and Education Section**

Does the child’s carer / young person have specific concerns in the following areas?

1. Mobility YES NO
2. Vision YES NO
3. Hearing YES NO
4. Speech YES NO
5. Understanding YES NO
6. School Progress YES NO
7. Behaviour YES NO
8. Routines YES NO
9. Memory YES NO
10. Concentration YES NO
11. Activity / Energy Levels YES NO
12. Emotional YES NO

Please note any specific concerns.

**Educational History**

School Year at Present

Number of Previous Schools:

Does the child receive any additional help in School?

If Other Please Describe:

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Disclosure and Adherence Section**

Level of child’s knowledge: None or Little Partial Full

|  |  |  |
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| **Date:**\_\_ / \_\_ / \_\_\_ | **Name of parent / Carer present:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | **Description of Plan:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Standard process** |
| Date | **List interventions or approaches agreed** | **Achieved** |
| \_\_ / \_\_ / \_\_\_\_ | 1. | YES Date: \_\_ / \_\_ / \_\_\_\_NO Please follow upDate: \_\_ / \_\_ / \_\_\_\_ |
| \_\_ / \_\_ / \_\_\_\_ | 2. | YES Date: \_\_ / \_\_ / \_\_\_\_NO Please follow upDate: \_\_ / \_\_ / \_\_\_\_ |
| \_\_ / \_\_ / \_\_\_\_ | 3. | YES Date: \_\_ / \_\_ / \_\_\_\_NO Please follow upDate: \_\_ / \_\_ / \_\_\_\_ |
| \_\_ / \_\_ / \_\_\_\_ | 4. | YES Date: \_\_ / \_\_ / \_\_\_\_NO Please follow upDate: \_\_ / \_\_ / \_\_\_\_ |

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1. **Disclosure and Adherence Section (continued)**

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| **Extra Support (e.g. Psychologist)** |
| \_\_ / \_\_ / \_\_\_\_ | 5. | YES Date: \_\_ / \_\_ / \_\_\_\_NO Please follow upDate: \_\_ / \_\_ / \_\_\_\_ |
| \_\_ / \_\_ / \_\_\_\_ | 6. | YES Date: \_\_ / \_\_ / \_\_\_\_NO Please follow upDate: \_\_ / \_\_ / \_\_\_\_ |
| **Naming Conversation: Persons present** |
| \_\_ / \_\_ / \_\_\_\_ | **7.*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | YES Date: \_\_ / \_\_ / \_\_\_\_NO Please follow upDate: \_\_ / \_\_ / \_\_\_\_ |
| Child’s response / comments |
| \_\_ / \_\_ / \_\_\_\_ | **8.*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | YES Date: \_\_ / \_\_ / \_\_\_\_NO Please follow upDate: \_\_ / \_\_ / \_\_\_\_ |

If the child / adolescent is aware of their diagnosis and on / about to start therapy have the following concepts been discussed with the child / adolescent;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Viral suppression rather than cure | YES |  | NO |  |
| Recovery of the immune system and potential for long and health life | YES |  | NO |  |
| Lifelong adherence to drugs | YES |  | NO |  |
| Viral resistance and its relationship to adherence | YES |  | NO |  |
| Discussion and understanding on the concept of U=U | YES |  | NO |  |

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**5. Disclosure and Adherence Section (Continued)**

Ask the person responsible for administering the medication (i.e. child / adolescent or carer) to list the current regimen:

Drug \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_ tabs / mls

Drug \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_ tabs / mls

Drug \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_ tabs / mls

Drug \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount \_\_\_\_\_ tabs / mls

Has the child / adolescent had a repeatedly undetectable viral load over the last year (6 months after starting current ARV regimen)?

 YES NO

Who is responsible for administering the medication?

Child / Adolescent Parent Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child / adolescent / carer use a dosette box?

 YES NO

Who loads the dosette box?

Child / Adolescent Parent Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what times of the day does the child / adolescent take medication?

Does the child / adolescent take medications with food?

 YES NO

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**5. Disclosure and Adherence Section (Continued)**

If the child is > 13 years of age and the parents takes full responsibility for administering the medication, discuss with the parent when they expect the adolescent to start to take responsibility for the medication. Discuss strategies for gradual handover of responsibility and continuing support from parent.

Notes:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many doses of medicine have been missed over the last 3 months?**

**Does the child / adolescent / carer have a plan for what to do when medications are missed or if they are away from home and do not want to disclose their medications?**

Notes:

**Is the child / adolescent / carer aware of or have concerns regarding any potential side – effects of medication?**

Notes:

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| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHI Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Sexual Health**

Please note that this may also be covered by the sexual health advisor attached to the adolescent clinic and documented in that circumstance.

**If adolescent is over 13 years of age, have they received sexual health advice?**

 YES No further action required

NO Please discuss with consultant in charge

**Summary / Plan of Action:**

**Chart with 3 / 12 slots**

|  |  |  |
| --- | --- | --- |
| **Date** | **Action** | **Plan** |
| \_\_ / \_\_ / \_\_\_\_ | e.g. 1, 3, 5 |  |
| \_\_ / \_\_ / \_\_\_\_ |  |  |
| \_\_ / \_\_ / \_\_\_\_ |  |  |
| \_\_ / \_\_ / \_\_\_\_ |  |  |
| \_\_ / \_\_ / \_\_\_\_ |  |  |
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**Further Comments:**