HIGH VIRAL LOAD FORM

(For enhanced adherence counseling [EAC] and second-line ART consideration)

A. Patient Information

Name		**Facility**	
DOB		**Age**	
Sex		**ART Number**	

ARV Information		***Viral Load Results***	
ARV Regimen	**Date of Initiation**	**Previous VL (if any)** (c/ml)	Date
		Recent VL	

Current WHO T-staging	**I**	**II**	**III**	**IV**

B. Present Illness (if any)

Is this patient currently a presumptive TB?	☐ **Y**	☐ **N**	
History of chronic diarrhea or vomiting?	☐ **Y**	☐ **N**	
Any other OI or signs of immunosuppression?	☐ **Y**	☐ **N**	
History of side-effects with ARV?	☐ **Y**	☐ **N**	
Patient's adherence history before EAC	☐ **Good**	☐ **Fair**	☐ **Poor**

C. EAC Sessions *(to be filled by the nurse)* *For each session, assess major barriers for possible poor adherence (cognitive, behavioral, emotional, socio-economic, as shown above).*

Treatment supporter present: ☐ Y ☐ N

Enhanced adherence counseling (EAC) (To be filled by the Adherence Counselor), Session 1
For each session, assess major barriers for possible poor adherence (cognitive, behavioral, emotional, socio-economic as shown below).

Date:
__/__/____

Adherence:
- ☐ Good
- ☐ Fair
- ☐ Poor

Barriers:
- ☐ Knowledge
- ☐ Forgot
- ☐ Feeling better
- ☐ Concurrent illness
- ☐ Alcohol/drugs
- ☐ Health beliefs/alternative remedies
- ☐ Depression
- ☐ Fear disclosure
- ☐ Lack of family/partner support
- ☐ Pill burden
- ☐ Side-effects
- ☐ Ran out of medication
- ☐ Lost/damaged
- ☐ Sharing medications
- ☐ Transport
- ☐ Scheduling
- ☐ Failure to adjust
- ☐ Food insecurity
- ☐ Drug stock-out
- ☐ Long wait
- ☐ Stigma
- ☐ Political crisis

Interventions:

Services
- ☐ Clinical
- ☐ Education
- ☐ Counseling (ind)
- ☐ Counseling (grp)
- ☐ Peer support
- ☐ Treatment buddy
- ☐ Drug pick-up
- ☐ DOT
- ☐ Case mgmt.

Tools
- ☐ Pill box
- ☐ Calendar
- ☐ Journal/log
- ☐ Written instructions
- ☐ Phone calls
- ☐ SMS
- ☐ Alarms
- ☐ Other: _____

Identified Adherence Barrier/s	***Agreed Plan of Action***	
ARV-intake demonstration by patient/caretaker done? ***☐ Y ☐ N***		
Session 2	***Date:***	
Identified Adherence Barrier/s	***Agreed Plan of Action***	
Pill count done?	***Y ☐ N ☐***	***Pill intake: ___%***
Session 3	***Date:***	
Identified Adherence Barrier/s	***Agreed Plan of Action***	

Your impression about patient's adherence during and after EAC:

☐ Likely to be good

☐ Likely to be **NOT** good (relevant barriers identified and not cleared)

☐ clearly poor (missed appointment)*

(*) *If patient has missed appointments, repeat viral load should be deferred and EAC extended. Share decision with the team.*

Major remaining barriers identified after EAC sessions:

Behavioral: ☐ Y ☐ N If yes, specify: _____

Cognitive: ☐ Y ☐ N If yes, specify: _____

Socio-economic: ☐ Y ☐ N If yes, specify: _____

Emotional: ☐ Y ☐ N If yes, specify: _____

Other barriers (e.g., disclosure, religion) ☐ Y ☐ N If yes, specify: _____

Identified barriers to adherence attended: ☐ Y ☐ N

Comments: _____

Date of extra session (if any): ___/___/___

Pill count done? ☐ Y ☐ N Pill intake: ___%

Identified adherence barrier: _____

Agreed plan of action: _____
_____
_____

Date of collection of repeat Viral Load:____/____/_____

Counselor: _____ **Date of assessment:** ____/____/____

D. Outcome *(to be filled by the ART provider)*

Repeat viral load (complete 3-6 months **AFTER** good adherence is achieved)

Repeat viral load result:_____ ☐ <1000c/ml ☐ ≥1000c/ml Date: ____/____/____

E. Outcome for Patients with Persistently High Viral Load ≥ 1000c/ml *(to be filled by the ART provider)*

What is the plan for this patient? *(tick all that apply)*

		Date:
☐	Remain on current regimen	__/__/____
☐	Switch to second-line regimen	__/__/____
	New regimen : _____	
☐	Extend adherence sessions	
☐	Repeat viral load in three months	__/__/____

Comments:_____

ART provider name and signature :_____

Date: ____/____/_____