



FOCUSED ANTENATAL CARE PLUS (FANC+)

Additional Considerations for Comprehensive Integrated Care of Women Living with HIV

Establish immune status: CD4 count and WHO clinical staging. (see back)

Assess and manage opportunistic infections: TB is the most common. Think pulmonary and extrapulmonary TB in women living with HIV.

- Fever
- Weight loss
- Drenching night sweats
- Cough of any duration
- Known TB contact

If symptoms of TB present, ensure mom has sputum collected today for laboratory evaluation and she understands she should receive her results within 48 hours.

Prompt diagnosis and treatment is essential for the health of mother and baby.

If no symptoms of TB are present, initiate Isoniazid Preventive Therapy at 5mg/kg up to 300mg for a period of at least 6 months

Send mother home with Cotrimoxazole Preventive Therapy (CPT), 960mg daily if CD4 < 350 cells per mm³ or WHO clinical stage 2, 3 or 4. NB: don't give SP for malaria if mom is taking CPT. Be sure to schedule her to come back for CD4 results.

Review CD4 results with mom and take action! At minimum mom needs AZT.

WHO	CD4 ≤ 350 cells per mm ³ OR WHO clinical stage 3 or 4	CD4 > 350 cells per mm ³ AND WHO clinical stage 1 or 2
WHAT	AZT (or TDF) + 3TC (or FTC) + NVP (or EFV) for life (throughout pregnancy and postpartum)	AZT during pregnancy sdNVP+AZT+3TC during labor and delivery AZT + 3TC for 7 days postpartum
WHEN	As soon as feasible	From 14 weeks
WHY	For her own health and to prevent HIV transmission to the baby	To prevent HIV transmission to the baby
WHERE	Where ARVs are available, preferably offered as an integrated service	

INFANT INTERVENTIONS

Breastfed baby	NVP daily (or AZT BD) from birth until 6 weeks of age	NVP daily from birth until 1 week after end of breastfeeding
Formula-fed baby		NVP daily (or sdNVP + AZT BD) from birth until 6 weeks of age

WHO Clinical Staging

Stage 1	<ul style="list-style-type: none"> • Asymptomatic • Persistent generalized lymphadenopathy (PGL) 	
Stage 2	<ul style="list-style-type: none"> • Weight loss < 10 % of body weight • Minor skin disease: seborrheic dermatitis, fungal nail infections, recurrent oral ulcerations 	<ul style="list-style-type: none"> • Herpes zoster, within the last 5 years • Recurrent upper respiratory tract infections: i.e., bacterial sinusitis
Stage 3	<ul style="list-style-type: none"> • Weight loss > 10 % of body weight • Unexplained chronic diarrhea > 1 month • Unexplained prolonged fever > 1 month • Oral candidiasis (thrush) • Oral hairy leukoplakia 	<ul style="list-style-type: none"> • Pulmonary tuberculosis • Severe bacterial infections: i.e., pneumonia • Unexplained anemia • Unexplained neutropenia • Unexplained thrombocytopenia
Stage 4	<ul style="list-style-type: none"> • HIV wasting syndrome • Pneumocystis jirovecii pneumonia • Toxoplasmosis of the brain • Cryptosporidiosis with diarrhea > 1 month • Cryptococcosis, extrapulmonary: cryptococcal meningitis • Cytomegalovirus (CMV) disease of an organ other than liver, spleen or lymph nodes • Herpes simplex virus (HSV) infection, mucocutaneous > 1 month, or visceral any duration • Progressive multifocal leukoencephalopathy (PML) 	<ul style="list-style-type: none"> • Invasive cervical cancer • HIV associated nephropathy or cardiomyopathy • Any disseminated endemic mycosis (i.e. histoplasmosis, coccidioidomycosis) • Candidiasis of the esophagus, trachea, bronchi or lungs • Atypical mycobacteriosis, disseminated • Non-typhoid Salmonella septicemia • Extrapulmonary tuberculosis • Lymphoma • Kaposi's sarcoma • HIV encephalopathy

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