

# Scottish Paediatric & Adult Infection & Immunology Network (SPAIIIN)

## SPAIIIN 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 IgG? 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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**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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**2. Metabolic Section**

**Bone health and vitamin D status**

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

Results:

Ca (adjusted)	
PO4	
25OHvitD	
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

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

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### 3. 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 2<sup>nd</sup> 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

<b>✓ List</b>	<b>Boys – Development of external genitalia</b>	
	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
<b>✓ List</b>	<b>Girls – Breast Development</b>	
	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
<b>✓ List</b>	<b>Boys and Girls – Pubic Hair</b>	
	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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**4. Neurodevelopment and Education Section**

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

a) Mobility	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
b) Vision	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
c) Hearing	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
d) Speech	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
e) Understanding	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
f) School Progress	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
g) Behaviour	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
h) Routines	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
i) Memory	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
j) Concentration	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
k) Activity / Energy Levels	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
l) Emotional	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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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**5. Disclosure and Adherence Section**

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

<b>Date:</b>  __ / __ / __	<b>Name of parent / Carer present:</b>  • _____ • _____ • _____	<b>Description of Plan:</b>  _____ _____ _____
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**Standard process**

Date	List interventions or approaches agreed	Achieved
__ / __ / __	1.	YES <input type="checkbox"/> Date: __ / __ / __ NO <input type="checkbox"/> Please follow up Date: __ / __ / __
__ / __ / __	2.	YES <input type="checkbox"/> Date: __ / __ / __ NO <input type="checkbox"/> Please follow up Date: __ / __ / __
__ / __ / __	3.	YES <input type="checkbox"/> Date: __ / __ / __ NO <input type="checkbox"/> Please follow up Date: __ / __ / __
__ / __ / __	4.	YES <input type="checkbox"/> Date: __ / __ / __ NO <input type="checkbox"/> Please follow up Date: __ / __ / __

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

Extra Support (e.g. Psychologist)		
__ / __ / ____	5.	YES <input type="checkbox"/> Date: __ / __ / ____ NO <input type="checkbox"/> Please follow up Date: __ / __ / ____
__ / __ / ____	6.	YES <input type="checkbox"/> Date: __ / __ / ____ NO <input type="checkbox"/> Please follow up Date: __ / __ / ____
Naming Conversation: Persons present		
__ / __ / ____	7. • _____ • _____ • _____	YES <input type="checkbox"/> Date: __ / __ / ____ NO <input type="checkbox"/> Please follow up Date: __ / __ / ____
Child's response / comments		
__ / __ / ____	8. • _____ • _____ • _____	YES <input type="checkbox"/> Date: __ / __ / ____ NO <input type="checkbox"/> Please follow up Date: __ / __ / ____

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	<input type="checkbox"/>	NO	<input type="checkbox"/>
Recovery of the immune system and potential for long and health life	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Lifelong adherence to drugs	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Viral resistance and its relationship to adherence	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Discussion and understanding on the concept of U=U	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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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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**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:

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**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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**6. 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	
__ / __ / ____		
__ / __ / ____		
__ / __ / ____		
__ / __ / ____		
__ / __ / ____		
__ / __ / ____		
__ / __ / ____		

**Further Comments:**