

របាយការណ៍

**កិច្ចប្រជុំពិគ្រោះយោបល់  
នូវគោលការណ៍ណែនាំជាតិស្តីពីការថែទាំ ព្យាបាលជំងឺឱកាសនិយម  
និងការព្យាបាលដោយឱសថប្រឆាំងមេរោគអេដស៍  
សំរាប់មនុស្សពេញវ័យ**



Consultative Meeting of National Guidelines on Management  
of Opportunistic Infection and Antiretroviral Therapy for Adult

NPH, 19 Oct, 2015

Prepared by



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**កិច្ចប្រជុំពិគ្រោះយោបល់នូវគោលការណ៍ណែនាំជាតិស្តីពី ការថែទាំ  
ព្យាបាលជំងឺឱកាសនិយម និងការព្យាបាលដោយឱសថ ប្រឆាំង  
មេរោគអេដស៍ សំរាប់មនុស្សពេញវ័យ  
Consultative Meeting of National Guidelines on Management  
of Opportunistic Infection and Antiretroviral Therapy  
for Adult**



- ១. ទីកន្លែងនៃកិច្ចប្រជុំ៖ សាលបណ្តុះបណ្តាលមន្ទីរពេទ្យកុមារជាតិ
- ២. កាលបរិច្ឆេទ៖ ថ្ងៃទី ១៩ ខែតុលា ឆ្នាំ ២០១៥
- ៣. រៀបចំដោយ៖ NCHADS
- ៤. ឧបត្ថម្ភដោយ៖ US\_CDC
- ៥. គោលបំណងនៃកិច្ចប្រជុំ៖

- Introduce the first draft HIV management guideline for Cambodia
- Explain key changes in the format, scope and content
- To achieve consensus and finalize in order to submit to MoH for approval

**៦. សមាសភាពនៃកិច្ចប្រជុំ៖**

- សមាសភាពគណៈអធិបតីនៃកិច្ចប្រជុំ
  - ១. លោកវេជ្ជ. **លីពេញស៊ុន** ប្រធានមជ្ឈមណ្ឌលជាតិប្រយុទ្ធនឹងជំងឺអេដស៍  
សើស្បែក និងកាមរោគ
  - ២. លោកវេជ្ជ. Ahmed Saadani, HIV Care & Treatment Team Lead, US\_CDC
  - ៣. លោកវេជ្ជ. Laurent Ferradini តំណាងអង្គការ WHO
  - ៤. លោកស្រី. Kiira Gustason, តំណាង CHAI



▪ សមាសភាពកិច្ចប្រជុំប្រជុំមកពីគ្រប់ក្រុង

No	City/Provinces	Institution /RH	No of Participants
1	Phnom Penh	Clinician from SHC	1
2		Clinician from KSFH	1
3		Clinician from Calmette	1
4		Clinician from Ketomealea	1
5		Clinician from Kossomak	1
6		Clinician from Pochentong	1
7		Clinician from Samdach Ov	1
8		Clinician from Mean Chey	1
9		Clinician from Chamkar Doung	1
		<b>Sub-Total</b>	<b>9</b>

## II. Participants from Provinces

1	Bantey Mean Chey	Serey Sophorn RH	1
		Mongkul Borey RH	1
		Thmor Pouk RH	1
		Poi Pet RH	1
2	Battambang	Battambang RH	1
		Moung Ressey RH	1
		Thmor Kol RH	1
		Regional 5 Military Hospital	1
		Sampov Loun	1
3	Pailin	Pailin RH	1
4	Kampong Chhnang	Kampong Chhnang RH	1
5	Oddor Mean Chey	Samrong RH	1
		Anlong Veng RH	1
6	Seam Riep	Sotnikun RH	1
		Siem Reap RH	1
		Kra lanh RH	1
7	Kampong Thom	Baray Santhok RH	1
		Kampong Thom RH	1
8	Kampong Cham	Kampong Cham RH	1
		Srey Santhor RH	1
		Chamkar Loeu	1
		Choeung Prey	1
9	Tbong Khmom	Memot RH	1
		Tbong Khmom RH	1
10	Steung Treng	Steung Treng RH	1
11	Kratie	Kratie RH	1
12	Svay Rieng	Svay Rieng RH	1
		Romeas Hek RH	1
13	Prey Veng	Prey Veng RH	1
		Neak Loeung RH	1

		Pearing RH	1
14	Takeo	Doun keo RH	1
		Kirivong RH	1
		Prey Kabas RH	1
		Ang Roka RH	1
15	Kampot	Kampot RH	1
		Kampong Trach RH	1
16	Koh Kong	Smach Mean Chey RH	1
		Sre Ambel RH	1
17	Sihanouk	Sihanouk RH	1
18	Kampong Speu	Kampong Speu RH	1
		Kong Pisey RH	1
		Oddong RH	1
19	Kandal	Chey Chum Neas RH	1
		Kien Svay RH	1
		Koh Thom RH	1
20	Preah Vihea	16 Maraka RH	1
21	Pursat	Sampov Meas RH	1
22	Kep	Kep RH	1
23	Mondolkiri	Mondolkiri RH	1
24	Ratanakiri	Ratanakiri RH	1
		<b><u>Sub-Total</u></b>	<b><u>51</u></b>
	NGOs		
		FHI 360	1
		CHAI	1
		AHF	1
		WHO	1
		US-CDC	1
		SHCH	1
		Chhouk Sar 1+2	2
		<b><u>Sub-Total</u></b>	<b><u>9</u></b>

- **Dr. Sarah Huffam, independent consultant,** Presented on Cambodia HIV Clinical Management Guidelines for Adult and Adolescent as indicated in following :

- *Objective of revise of HIV management Guideline in Cambodia*
- *Guideline Development process \_sofar*

**Part OI:**

- *WHO Guideline: Key Update since 2012 Cambodia Guidelines*
- *PLHIV lifetime Clinical pathway: \*

- *Specific Population: Women of Children, Adolescent Care (10-19 Years), Primary Prophylaxis for OI, Screening for TB and IPT*
- *WHO 2014: Cotrimoxazole Prophylaxis in reduce mortality risk among people starting ART with a CD4  $\leq$  350 cells/mm<sup>3</sup>, All adolescents until 20 years old, Stop at week 2 visit if CD4 > 350 cells / mm<sup>3</sup> and no TB or WHO stage 3 or 4 conditions, Otherwise continue: until CD4 > 350 cells / mm<sup>3</sup> 2 x 6 months apart and age  $\geq$  20 years old*
- ***Cryptococcal Ag screening:** Symptomatic cryptococcal meningitis (CM) / other cryptococcal disease, Asymptomatic cryptococcal meningitis (CM), Isolated positive cryptococcal antigenaemia (ICPA)*
- *Fluconazole Prophylaxis 100mg/day if CD4 < 100 cells/mm<sup>3</sup>,*
- *WHO 2011 Crypto Rx: Amphotericin B + flucytosine, Amphotericin B + fluconazole, Amphotericin B Short Course ( 5 – 7 days)*
- ***Viral hepatitis B, C: 10%** ក្នុងចំណោមប្រជាជនកម្ពុជា*
- ***Chronic NCD in PLHIV:** important that the HIV clinician regularly addresses issues of 1<sup>0</sup> and 2<sup>0</sup> prevention with PLHIV during consultations*
- ***Mental Health** Distinguishing medical from psychiatric illness*

### **Clinic visit routine schedule**

Week	Clinical	Adherence counseling	Laboratory testing	Drugs start /Stop
Week 0	✓	✓	✓	Start Cotrimoxazole
Week 1		✓		
Week 2	✓	✓		Start cART Stop Cotrimoxazole if CD4 > 350 and no TB
<b>After start ART</b>				
Week 2	✓	✓		Start IPT
Month 1	✓	✓	✓	
Every 1 M whilst on IPT	✓	✓	✓ VL at month 5,6,7	Stop IPT after 6 months
<b>After stop IPT, still on Cotrimoxazole</b>				
Every 1 – 3 months (According to clinical status, + adherence)	✓	✓	✓ VL at M 5,6,7 then M 11,12,13, M 23,24,25 etc ✓ CD4 every 5,6,7 M	Stop Cotrimoxazole according to criteria (see Error! Reference source not found. page 34 )
<b>After stop Cotrimoxazole</b>				
Every 1 – 3 months	✓	✓	✓ VL at every 11,12,13 Months	

**Part ART:**

○ **ART key updates:**

- *cART for all, regardless of CD4 count*

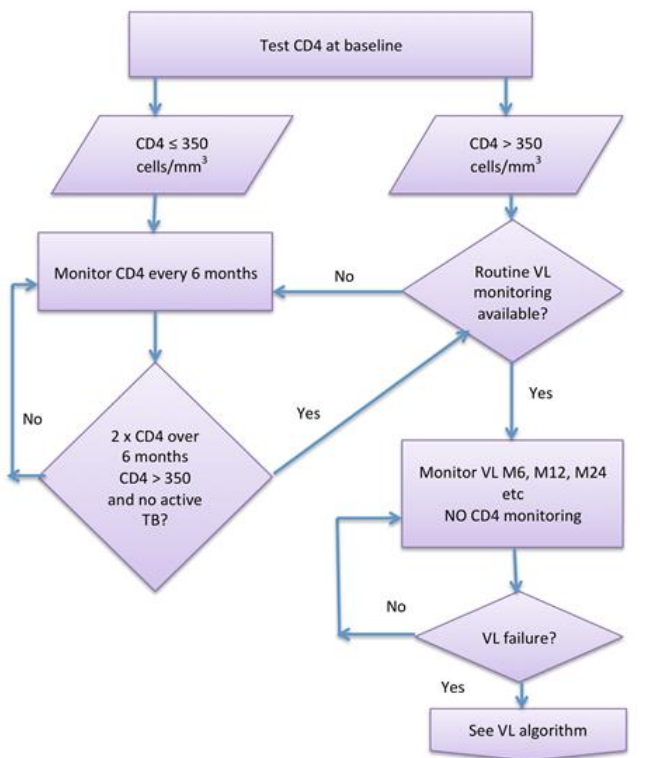
First line cART	Preferred first line	Alternative first line*
Adults Including pregnant/ breastfeeding, and with TB and HIV co-infection Adolescents > 35kg	TDF + 3TC (or FTC) + EFV	AZT+ 3TC + EFV (or NVP) TDF + 3TC (or FTC) + NVP
Adolescents < 35kg	TDF + 3TC (or FTC) + EFV	AZT+ 3TC + EFV (or NVP) TDF + 3TC (or FTC) + NVP ABC + 3TC (or FTC) + NVP
*ABC or PI or when available Dolutegravir may be required in special situations as alternative 1 <sup>st</sup> line agents. Consult with an expert.		

Second line cART	Preferred second line	Alternative second line
After failure of TDF + 3TC (or FTC) + NNRTI	AZT + 3TC + ATV/r	
· If HBsAg positive	TDF + 3TC (or FTC) + AZT + ATV/r	
After failure of AZT (or d4T) + 3TC + NNRTI	TDF + 3TC (or FTC) + ATV/r	
If on TB treatment · On Rifampicin		Standard 2 <sup>nd</sup> line NRTI + double dose LPV/r (Monitor closely for toxicity)
Consult an expert. eg if failed PI based 1 <sup>st</sup> line regimen.		Options when available: DRV/r, DTG

○ **When to start cART when active OI:**

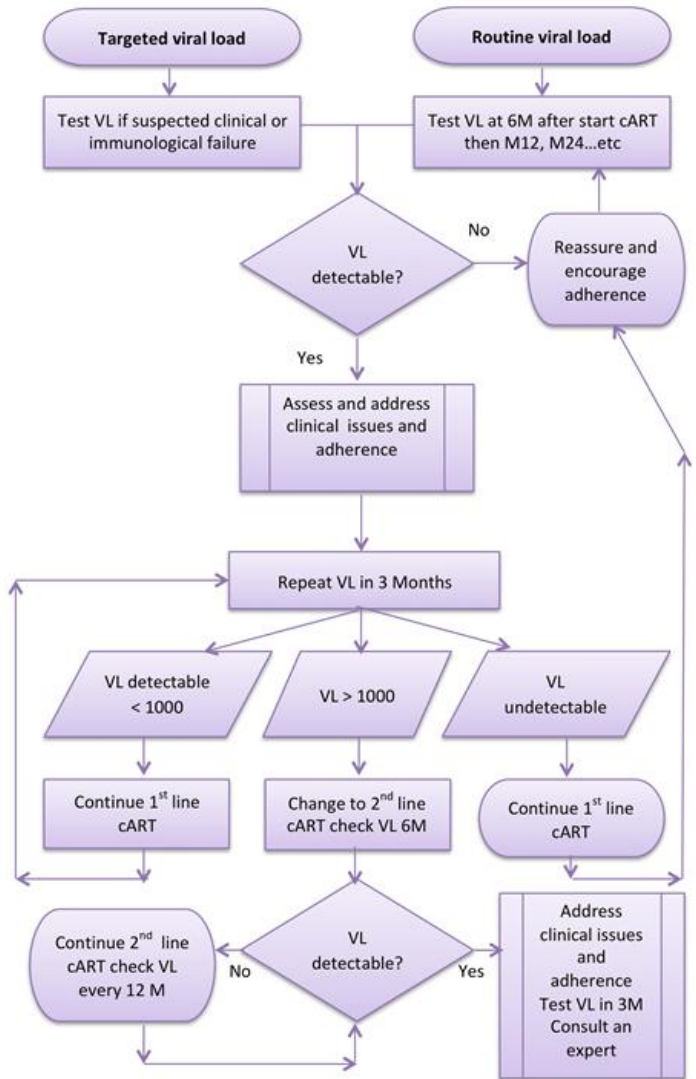
Opportunistic Infection	Time from start treatment for OI and start cART
<b>Tuberculosis</b> CD4 < 50, not TB meningitis: TB meningitis, any CD4: CD4 > 50:  <i>DR-TB any CD4, not meningitis:</i>	Within 2 weeks 2 – 8 weeks 2 – 8 weeks  <i>Within 2 weeks</i>
<b>Cryptococcal meningitis (CM)</b>	4 – 6 weeks
<b>Cryptococcus non-meningeal disease including Cryptococcal Ag + CSF neg</b>	Within 2 weeks
<b>All other OI</b>	Within 2 weeks

**Laboratory tests timed with clinical consultations:**



Whenever CD4 ≤ 350  
 Start / continue cotrimoxazole and monitor CD4 every 6 months.  
 When CD4 > 350 2 x in 6 months, and no TB, stop cotrimoxazole and if routine VL monitoring is available CD4 monitoring can be withheld, until VL failure.  
 If routine VL is not available, continue CD4 monitoring every 6 months, and do targeted VL test to confirm immunological failure if CD4 drops

- CD4 at baseline and every 6 M whilst on cotrimoxazole
- If routine VL is available, no need for ongoing routine CD4.
- Repeat CD4 if VL failure confirmed.



- Routine viral load monitoring:
- M6 after start or change cART regimen
- Then every 12 M
- Pregnant women test VL M3 after start cART
- If on cART do VL early in pregnancy

Post Exposure Prophylaxis

- Expanded to victims of sexual assault (others?)
- 3 drug regimen : TDF + 3TC+ ATV/r
- Need to updated form for PEP (TWG responsible)

៧. សន្និដ្ឋាន៖

កិច្ចប្រជុំបានបញ្ចប់ អ្នកចូលរួមទាំងអស់បានមូលមតិក្នុងការកែសំរួលគោលការណ៍ ណែនាំជាតិស្តីពីការថែទាំ-ព្យាបាលជំងឺឱកាសនិយម និងការថែទាំ ព្យាបាលជំងឺអេដស៍ លើ មនុស្សពេញវ័យសំរាប់ឆ្នាំ ២០១៥ រាល់ការផ្តល់ជាមតិយោបល់នូវតែទទួល តាមរយៈទូរស័ព្ទ និងអ៊ីមែល មកផ្នែកថែទាំជំងឺអេដស៍ ។ ក្រុមការងារបច្ចេកទេស និងទីប្រឹក្សា នឹងបញ្ចូល រាល់មតិយោបល់ទាំងអស់ និងដាក់សំណើទៅក្រសួងសុខាភិបាល សូមការឯកភាព នឹងដាក់ឱ្យដំណើរការនៅប្រទេសកម្ពុជាយើង នាពេលអនាគត ប្រហែលដើមឆ្នាំ ២០១៦ ។

បានឃើញ និងឯកភាព  
ប្រធានមជ្ឈមណ្ឌលជាតិ

ភ្នំពេញ, ថ្ងៃទី ២០ ខែតុលា ឆ្នាំ២០១៥  
អ្នកធ្វើរបាយការណ៍



*Chang*  
លោកស្រី លី បុណ្ណារី