Western Cape Government

FOR YOU

# Case presentation – Knowledge Hub

October 2026

# Introduction

**Presenters**
Ceridwyn Klopper – People Development Centre
Daleen Carolissen – Service Priorities Coordination

**Expert support –** Gideon Coetzee

**Topic**
Supporting clients returning to HIV care following treatment interruption



**Target audience**
Enrolled nurses, professional nurses, community health workers

**Duration**
Facilitation – 30 minutes
Questions - 15 minutes
Total – 45 minutes Learning Outcomes

# Participants will be able to:

Apply a person-centred approach.

Assess a client returning to care.

Screen and manage TB.

Re-initiate HIV treatment.

Address barriers to treatment continuity.

Promote retention in care.



# Case Scenario

**Ms N**
A 26-year-old woman presents with:

Weight loss

Night sweats

Fatigue for 6 weeks



**History**
Diagnosed with HIV 1 year ago
Started ART
Interrupted treatment 6 months ago
Not currently on treatment
No other chronic illness
No known TB contact

# Discussion

How would you engage with Ms N when she returns to care?

**Key Message:** Welcome, support and avoid blame or judgement.

**Session 1 - Initial Assessment**

**Clinical – Step 1**

Identify the seriously ill patient

Are there any danger signs requiring urgent medical attention?

Resp - > 30, breaths per minute, heart rate >120 bpm, coughing blood, confused/aggressive, seizure, recent sudden onset weakness, numbness or visual disturbance.



# Discussion point continued …

**Step 2 – Identify adults, adolescents, children and pregnant and breastfeeding women at risk of Advanced HIV disease (AHD)**

Any clinically unwell patient – presenting with TB symptoms.

Previous treatment history – returning to care after a treatment interruption of > 90 days.

**Psychosocial**

Mental health

Substance use

Barriers to care

**Consider Sexual & Reproductive Health**

# Discussion point continued …

**Investigations**
TB NAAT x 2 sputum
Pregnancy test
TB LAM testing
CD4 count

Make every contact count (MECC) – welcome and support
Communicate effectively – which builds a partnership and empowers client to take ownership

**Which approach best supports a client returning to care?**

A. Focus on why treatment was interrupted
B. Explain the consequences of stopping treatment
C. Welcome the client and explore how to support them moving forward
D. Delay further assessment until investigations are completed

✅ Correct Answer: C



# Session 2 - TB Diagnosis

**Step 3 – Assess for AHD and treat any other opportunistic infections (OIs)**

**Clinical Assessment**

Adherence- interrupted HIV treatment
Assess history of depression or substance abuse
Sexual health-contraception IUCD for 1 year
Evaluate for other AHD related conditions
Key Messages



**Results**

Urine pregnancy test - negative
Urine LAM positive
TB NAAT positive
Rifampicin-Sensitive TB
CD4 - 250

# Key message

TB is common among people living with HIV.
HIV increases the risk of active TB.
Early diagnosis and treatment save lives.



**Poll Question**
What WHO Clinical Stage is Ms N?

A. Stage 1
B. Stage 2
C. Stage 3
D. Stage 4
✅Correct Answer: Stage 3

# Session 3 - Initiating TB Treatment

**Initiate:**

Initiate DS TB medication – Rifafour x 3 tablets daily.
Rifafour® according to weight.(52kg)
Add Pyridoxine 25my daily until TB treatment completed.
Routine HIV care.
Assess eligibility for cotrimoxazole (CPT)
Counselling
Treatment completion
Adherence support
Medication side effects
Follow-up visits



# Case continuation and management

**Discussion point**

Indicating HIV status on the lab form triggers reflex testing for DST and cultures.

Assess for adherence testing wrt TB and ARV treatment as she interrupted ARV's.

Advise on possible TB medication side effects.

Severe but rare – jaundice, abdominal pain, nausea and vomiting, skin rash, seizures, psychosis, change in vision.

May occur but usually resolves after 2-weeks – joint pain, orange urine from Rif, pain and numbness -peripheral neuropathy from INH.

Liver problems from Rif, Isoniazid, Pyrazinamide

Yellow eyes, skin dark, severe fatigue

To return promptly should these symptoms occur.

**Poll question**

Would you initiate ART and TB treatment on the same day?

✅ Correct answer: No



# Session 4 - Re-Engaging in HIV Care

**Step 4 – Prevent OIs**
**Explore factors affecting treatment continuity**
**Clinical**
Side effects- ARV's and TB meds
Pill burden
Difficulty in taking meds
Long waiting time, inflexible hours
No treatment buddy or support offered




**<u>Social/Personal</u>**
Stigma
Disclosure challenges-that partner or family will find out,hides pills
Limited support
Economic
Transport costs
Time away from work

# Re-Engaging in HIV Care continued …

**Enhanced adherence**
Understanding the disease and importance of treatment.
Exploring the lifestyle and mental health.
Partner – with the client to ensure a collaborative environment.
Plan schedule with reminders etc.




**Poll Question**
Which of the following is NOT commonly associated with treatment interruption?
A. Transport costs
B. Medication side effects
C. Stigma
D. Having a supportive treatment plan
✅ Correct Answer: D

**Key Message**
Understand the barrier before offering the solution.

# Session 5 - ART Re-Initiation

**Two Weeks Later**
CD4 = 250 cells/mm³
Gained 2 kg
Night sweats resolved
Improved energy



**Step 5 – Provide ART**
**ART Plan**
Start TDF + 3TC + DTG
PLUS
Dolutegravir 50 mg twice daily while receiving Rifampicin
Adherence and tolerability:

# ART Plan

**Step 6 - Provide other care**

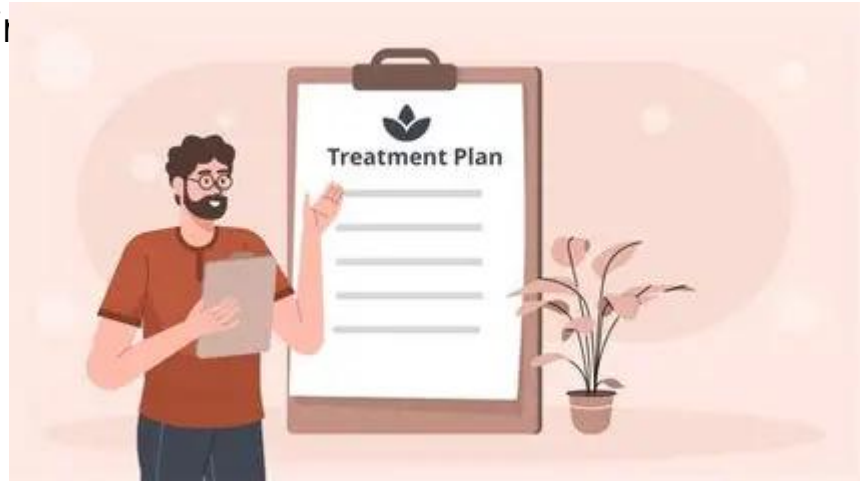
Continue: TB treatment to complete 6 months, TLD + DTG 50MG 12 hourly, pyridoxine, cotrimoxazole.
Cotrimoxazole prophylaxis should be initiated for 1 year to prevent opportunistic infection.
Counsel: Evening DTG continues while on rifampicin + 2 weeks after TB treatment ends.
No TPT needed now she is on active treatment.
Cervical screening: Book now or within 3 months - All WLHIV with CD4 250 need screening
Nutrition: 2kg gain is excellent - encourage protein, continue food support, consider referral if needed.

**Poll Question**

Why is Dolutegravir increased to twice daily while on Rifampicin-containi
A. To reduce side effects
B. To improve adherence
C. To maintain adequate Dolutegravir levels
D. To shorten TB treatment duration
✅ Correct Answer: C

**Key Message**

Rifampicin lowers Dolutegravir levels and requires dose adjustment.



# Session 6 - Retention in care

Support the client taking long-term medication to ensure long-term success.
Person-centred care – spend extra time educating the client.
Enhanced adherence counselling
Encourage reminders to take medication that form part of daily routine.
Psychosocial support – ask if the client receives support from family, friend or others in the community.

**Step 7 - Support adherence**
**Ask:**
"What support will help you stay on treatment this time?“






**Final knowledge check**
**What is the most important action when a client returns to care?**
A. Focus on why treatment was interrupted
B. Delay treatment until all investigations are available
C. Provide respectful, person-centred care while addressing clinical needs
D. Emphasise previous mistakes
✅ Correct answer: C

# Summary

**Step 8 – Ensure continuity of care between hospital and clinic**
**Key Take-Home Messages**



Welcome every client back to care.

Use a person-centred, non-judgemental approach.

Screen for TB and other clinical conditions.

Address barriers affecting treatment continuity.

Manage TB and HIV according to guidelines.

Every return to care is an opportunity to improve health outcomes.
**Step 9 – Provide intensified follow – up**

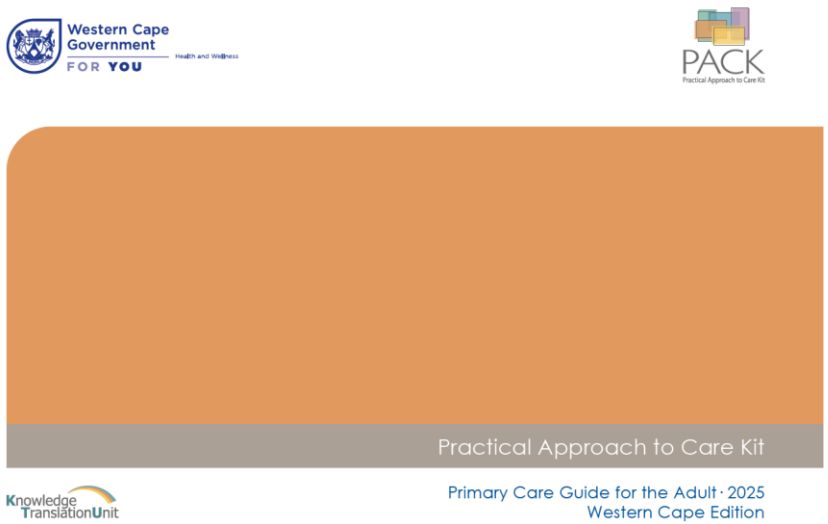
**Closing Message**
Returning to care is a positive step. Our role is to support, empower and partner with clients towards treatment success.

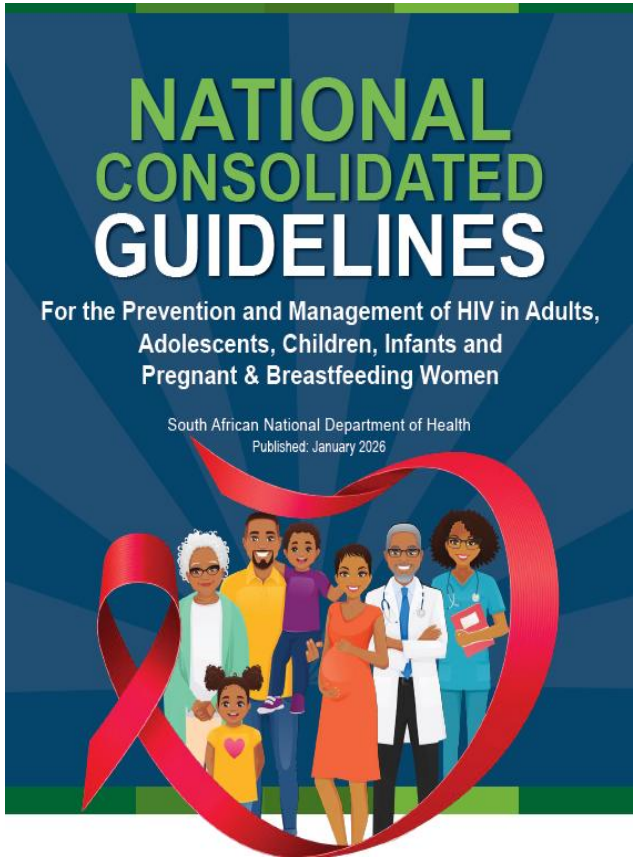
# References

**Images - bing.com/images**

**National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant & Breastfeeding Women - 2026**

**Practical Approach to Care Kit – PACK – Western Cape edition 2025**



# Thank you

Western Cape team