Transferring Care
Why transfer from the pediatric HIV clinic to the adult HIV clinic?

- You are growing up and becoming a young adult.
- Healthcare providers develop services for people of different ages. This is similar to how students move from one school to another school as they get older.
- At an adult HIV clinic, you will receive treatment services specific for adults.

*How to use this flipchart:* The information provided in the text is intended to guide counseling around transitioning from pediatric to adult HIV care. Healthcare providers may choose to modify what is shared with the patient by adding or subtracting from the text.
Why transfer from the pediatric HIV clinic to the adult HIV clinic?
What are the differences between the pediatric and adult HIV clinics?

- **In the pediatric clinic**, the pediatric clinic staff provides health services for children who are being cared for by other adults. The pediatric clinic may organize special activities that help children understand about their HIV infection, and encourage involvement of their caregivers. The pediatric clinic staff may ask children and their caregivers to visit the clinic more often and spend more time with them at these visits.

- **In the adult clinic**, young adults are expected to manage their own health care, and to make decisions about their own health. The adult clinic provides services assuming that their patients are independent and responsible for managing their own appointments, and for understanding their own health conditions and treatments. How and where health services are provided may be different from the pediatric clinic.
What are the differences between the pediatric and adult HIV clinics?
When should you transfer?

- The pediatric clinic staff will begin discussing a future transfer (or “transition”) to the adult clinic with adolescents at different ages.
- The age at which someone is transferred usually depends on how ready that person is to make the transition.
- However, in some clinics and countries, all adolescents who are above a specific age or who have a job with a specific health insurance benefit may need to be transferred to an adult clinic.
When should you transfer?
What information about the adult clinic should you know before transferring?

Knowing the following information about the adult HIV clinic will make the transition process easier:

- The **name** of the clinic you are being transferred to, its **location**, and **how to get there**.
  - You can ask for a contact phone number to help you in case you get lost.

- The **dates and times** that the clinic is open (some clinics are not open every day).
  - You should receive an appointment for your first visit.

- If you **miss your appointment**, be sure to have a way to contact the adult clinic staff so that you can reschedule.

- The **registration procedure** in case you are going to a different clinic building or a different hospital.
  - You may need to bring certain documents with you to register, such as your identification card or other medical records.

- Whether medical expenses are covered by your **health insurance benefits** or if you need to pay for them yourself.
  - You can check with the pediatric HIV clinic team about what you can expect depending on how your health care is provided.
What information about the adult clinic should you know before transferring?
What is the difference between HIV infection and AIDS?

- **HIV is a virus** that destroys white blood cells and causes **damage to the immune system**, which is what protects the body from infection. Someone with a weak immune system due to HIV has what is called “immune deficiency.”

- **AIDS is the condition of being severely sick because of HIV.** The “Acquired Immune Deficiency Syndrome” or AIDS can involve many different health problems, including serious infections and weight loss.

- If your immune system is strong and your health is good, you do not have AIDS, but you are living with HIV.
What is the difference between HIV infection and AIDS?
Can HIV infection be treated?

- **Yes, HIV can be treated.** We cannot completely get rid of the HIV virus from our bodies, but taking antiretroviral medicines (ARVs) will lower the amount of HIV in the body to prevent us from getting sick.

- The ARVs strengthen the immune system, which improves health.
Can HIV infection be treated?
What is a CD4 count?

- **CD4 cells are a type of white blood cell** and part of the immune system. HIV kills CD4 cells, weakening the immune system and increasing the risk of getting sick.

- The CD4 count is determined from a blood test. If your CD4 count is lower than 200 cells/mm³, it means that the immune system is severely weakened.
What is a CD4 count?
What is a viral load?

- **An HIV viral load is the amount of HIV in 1 ml of blood**, and is determined from a blood test. If the viral load is less than 50 copies/ml, that is known as being “**undetectable**” and having “**viral suppression**.” That means there is very little HIV in your blood or other body fluids, such as vaginal mucous and semen.

- **Higher viral loads indicate that your medicines are not working as well to control the HIV in your body.** This increases the risk of damaging the immune system and can lead to your getting sick, and increases the chance of transmitting HIV to others through sex or blood contact.

- For people living with HIV, **taking ARVs regularly** and keeping your HIV viral load less than 50 copies/ml greatly lowers the chance of HIV transmission to others and can help you to live a healthy life.
What is a viral load?
How do ARVs work?

• ARVs **prevent HIV from replicating** (making more of themselves) and attacking the CD4 white blood cells. There are many types of ARVs and each of them works differently. The generic names and abbreviations for some of the most commonly used ARVs are listed below.

  1. Zidovudine (AZT), lamivudine (3TC), emtricitabine (FTC), abacavir (ABC), tenofovir (TDF)
  2. Nevirapine (NVP), efavirenz (EFV), rilpivirine (RPV)
  3. Lopinavir/ ritonavir (LPV/r), atazanavir (ATV), darunavir (DRV)
  4. Raltegravir (RAL), dolutegravir (DTG)

• Some ARVs are available in combined tablets that have 2 or 3 medicines in one pill, which reduces the number of pills that need to be taken every day.

• For each person living with HIV, different ARVs are chosen according to the medicines available in your country, whether you have had treatment failure before, and other health conditions, such as kidney or liver disease.

• When you go to the adult clinic, you may be given different ARVs from what you have been taking in the past at the pediatric clinic. In order to check if this is correct, you should **know the names of the medicines you are currently taking** so you can check with the adult clinic staff. Also check that you have enough medicines until your next appointment so that you do not run out of medicines before you can see your new doctor.
How do ARVs work?
Why do you need to take ARV medicines on time?

- For people living with HIV, **taking ARVs regularly** will help you keep your HIV viral load less than 50 copies/ml, maintain good health, and lower the chance of HIV transmission to others. Sometimes you might forget or not want to take your ARVs. There could be different reasons for this, including being tired of taking medicines, forgetting to take them, or not wanting to take them at an inconvenient time.

- However, it is important to **take ARVs on time** to maintain high enough levels of medicine in the body to control your HIV infection. Not taking your ARVs on time or not taking them at all could lead to **treatment failure and getting sick**.

- If you **missed a dose** of ARVs, you should take the missed dose as soon as you remember. However, if it is only 1-2 hours to your next dose, you can wait to take the next dose as usual (do not double the dose). Please ask your doctor about what to do if you miss a dose of your medicines.

- The time for taking your ARVs can be adjusted to better suit your schedule, such as taking your medicines after you wake up or before you sleep. Please ask your doctor about how to make it easier to schedule your medicines.
Why do you need to take ARV medicines on time?
What is drug resistance?

- Drug resistance occurs **when someone is taking ARVs, but they are not working to control the HIV virus in the body.** This can happen after people do not take their ARVs on time.

- If your HIV viral load remains **higher than 1,000 copies/ml** while regularly taking ARVs for longer than 6 months, this is considered **treatment failure** and you may have drug resistance.

- Your doctor can check if you have **drug resistance** through a blood test.

- You can ask your doctor whether you have had drug resistance before and how this affects your current treatment.
What is drug resistance?

Viral Suppression

Drug Resistance
What are the side effects of ARVs?

- ARVs have different **side effects** that your doctor checks for at your clinic visits.
- ARV side effects can be mild or severe.
  - **Mild side effects** can include nausea, vomiting, dizziness, fatigue, and rash. After 1-2 months, these symptoms usually get better or go away.
  - **Severe side effects** can include problems with the liver or the kidneys. People with severe side effects may need to have their ARV medicines changed.

- **Please let your doctor know if you are taking other medicines while taking ARVs, because they might interact together and cause side effects.**
What are the side effects of ARVs?
How is HIV transmitted between people?

- HIV is in the **blood and some other body fluids**, such as in vaginal mucous in females and semen in males.

- HIV is transmitted from one person to another through specific activities. Most commonly, this is through **sex, sharing of needles or syringes, or unsafe injections or transfusions**. HIV-positive mothers can transmit HIV to their babies during **pregnancy, delivery and breastfeeding**.

- Sexual intercourse can transmit HIV. **Anal sex** has a higher risk of transmitting HIV than **vaginal sex**. Vaginal sex has a higher risk of transmitting HIV than **oral sex**.

- The amount of HIV in saliva is very small, and there is almost no virus in sweat, tears, and urine. So the risk of transmitting HIV through these fluids is extremely low.
How is HIV transmitted between people?
How is HIV transmission prevented?

- For people living with HIV, **taking ARVs regularly** and keeping HIV viral load under 50 copies/ml greatly lowers the chance of HIV transmission to others.

- The most effective way to **prevent sexual transmission of HIV** is to correctly **use condoms** during sex.
  - Discussing the use of condoms with your partner should occur before sex.
  - Some people worry that their partners might think that they have HIV or other sexually transmitted infections if they ask them to use condoms. An example of one way to encourage condom use is to say things like “I trust you and I would like to use a condom to prevent [pregnancy and] infections.”

- People who inject drugs should **not share injecting equipment** with others.

- Taking ARVs for pre-exposure prophylaxis (PrEP) is another way people who do not have HIV can prevent becoming infected.
How is HIV transmission prevented?
How can pregnant women with HIV prevent infection in their babies?

- Babies can become infected during pregnancy, around the time of delivery, or after they are born.

- The risk of infection to a baby can be reduced to under 5% with a combination of interventions, which include:
  - Taking ARVs during pregnancy
  - Receiving regular antenatal care
  - Giving ARVs to the baby after it is born
  - Not breastfeeding the baby, if safe alternatives to feed the baby are available

- If you want to learn more about how to prevent HIV during pregnancy, please talk with your healthcare providers.
How can pregnant women with HIV prevent infection in their babies?
How can you successfully transition to adult HIV care?

- Transitioning from pediatric to adult healthcare providers is a process that includes changing who your doctors are and where you get your HIV care, and learning how to be more responsible for your own health.

- Before you are transferred, you can share any questions or concerns you may have with the staff at the pediatric HIV clinic.

- Remember that there are others who are preparing for the transition to adult HIV care and who have already been transferred. You can ask the staff at the pediatric HIV clinic if you want to speak with those people to hear their advice.

- After you transfer to the adult HIV clinic, it will take some time to learn how to manage your care there. As you adjust to the new situation, feel free to ask the staff at your new clinic and your own family or friends for advice and support.

- If you have any difficulties communicating with your new clinic, you can contact the pediatric clinic to assist you.
How can you successfully transition to adult HIV care?
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