

TREATMENT FAILURE: CLINICAL DEFINITION

Treatment failure should be suspected if progression of HIV disease continues following initiation of HAART **or** if no clinical improvement occurs in three months following the initiation of therapy. Clinical indicators of HIV disease progression include weight loss, papular prurigo, oral candidiasis, fevers and night sweats, or chronic diarrhoea. Clinicians must be careful to distinguish suspected HIV disease progression from IRS, which can also manifest with fevers, night sweats, and fatigue; however, IRS typically resolves within a couple of months following initiation of HAART. Further discussion of IRS can be found in the introduction to *Chapter V: Recommendations for the Treatment of Opportunistic Infections (OIs) among Adults and Adolescents*.

Laboratory testing is highly recommended in the setting of suspected clinical treatment failure. Ideally, a CD4+ T cell count and HIV viral load should be checked, and the results reviewed with an expert HIV clinician, followed by immediate revision of the HAART regimen if indicated. If resources do not permit CD4+ T cell count and viral load testing, these guidelines recommend addressing adherence and tolerance issues, continuing the current regimen if tolerated, and re-assessing the patient in another three months. DOT may also be considered where feasible. Laboratory testing, especially viral load testing, is strongly recommended if treatment failure is still suspected six months following initiation of HAART. Laboratory results should again be reviewed with an expert HIV clinician to guide management decisions. If treatment failure is confirmed, a change in HAART to a second-line regimen is recommended, as discussed below.