



Viral Load Scale-Up Checklist for Clinic Sites

Pre-Test

I. Strategic Approach

- Dedicated VL point-of-contact identified for ART clinic
- Type of VL testing plan to be implemented specified (e.g., routine, strategic/targeted, other)
- Specific populations for VL testing prioritized, if applicable (e.g., pregnant/breastfeeding (BF) women, children, adults on 2nd line, suspected treatment failure, other)
- Clinical algorithm for VL testing established (including for specific populations, if applicable)
- Standardized tool developed for ordering VL test (i.e., VL requisition form) that includes key epidemiologic and demographic information required for monitoring and reporting

II. Clinical Training/Competency

- All facility staff who order VL tests, provide counseling about results, or use VL results for patient management (e.g., providers, adherence counselors, CHWs) have been trained using a curriculum that covers the following:
 - ✓ value of VL in patient management
 - ✓ national guidelines for when to order VL
 - ✓ how to fill out national forms for ordering VL
 - ✓ how, when, and where to record VL results
 - ✓ interpretation of VL results
 - ✓ intensive adherence counseling for patients with virologic failure
 - ✓ tailored intensive adherence counseling messages for patients with virologic failure from specific sub-populations (e.g., pregnant/BF women, children, adolescents, CSWs)
 - ✓ when to re-order VL for patients with detectable results
 - ✓ management of ARV regimen switching for patients with virologic failure
- VL testing algorithm job aid posted
- VL test result interpretation guidance available

III. Community/Patient Education

- Community education program on VL literacy developed (e.g., health care worker presentation to promote community awareness)
- Patient education program/materials on VL literacy developed (Link to MSF materials)

Test

I. Product Selection

- Specimen type to be used for VL testing established (i.e., DBS, plasma, both)

II. VL Test Requisition and Specimen Collection/Tracking

- Tools for ordering VL test available (e.g., VL requisition form, electronic order entry system)
- SOP developed for ordering VL and collecting VL specimen that includes the following:
 - ✓ person(s) responsible for ordering VL/filling out the requisition form
 - ✓ person(s) responsible for collecting samples
 - ✓ person(s) responsible for entry of VL test ordered and sent to lab into VL register
- Personnel who can order/fill out requisition form are on site at all times
- Personnel who can collect samples are on site at all times
- VL register available that allows for documentation at site level of each VL test ordered, sent, and received from lab (Exhibit A)*
- Tools for tracking specimen transport developed
- Person(s) responsible for following up on pending results identified



III. Commodities	
▪ Reagent inventory system established	
▪ Commodities forecasting plan developed	
▪ All paper national VL forms well-stocked (i.e., provider requisition, VL register, lab order/processing, lab reporting, etc.)	
<i>Post-Test</i>	
I. Results Management	
▪ Reporting system for lab to communicate VL results (including processing errors) to clinic established	
▪ System for results to be returned to patient records/clinical providers established	
▪ Clinical threshold established to define treatment failure using VL criteria (i.e., ≥ 1000 , ≥ 3000 , ≥ 5000 copies/ml)	
▪ Tools for management of patient VL results developed	
▪ VL register for recording test results available (Exhibit A)*	
▪ Person(s) responsible for reviewing all VL results identified	
▪ Person(s) responsible for interpreting results identified	
▪ Process to ensure patients receive their VL test results within a specified time established	
II. Patient Management	
▪ Protocol / SOP to ensure timely routine VL for patients	
▪ Protocol for patients defined as having virologic suppression developed	
▪ Protocol for patients defined as having treatment failure using VL criteria developed	
▪ Tool to track patients with VL ≥ 1000 developed (Exhibit B)*	
▪ Person(s) responsible for reviewing patients' cases with VL ≥ 1000 to determine next steps identified	
▪ Plans for intensive adherence counseling for patients with VL ≥ 1000 include articulation of tailored messages at a specified duration and frequency	
▪ Person(s) responsible for performing intensive adherence counseling and follow-up based on VL results identified	
▪ Job aids available for use during intensive adherence counseling for patients with VL ≥ 1000	
▪ System of consultation with experts for management of complicated cases and VL failure established	
▪ Second-line ARV regimens for first-line treatment failure available (on-site or by referral)	
▪ Standardized process in place for timely switching of ARV regimens for patients with virologic failure	
III. Commodities	
▪ Second-line ARV regimen inventory and forecasting plan developed	
IV. Data Management	
▪ Clinic QI/QM program includes review of VL register and results data	