WHO IMPLEMENTATION TOOL FOR MONITORING THE TOXICITY OF NEW ANTIRETROVIRAL AND ANTIVIRAL MEDICINES IN HIV AND VIRAL HEPATITIS PROGRAMMES

JULY 2018





WHO IMPLEMENTATION TOOL FOR MONITORING THE TOXICITY OF NEW ANTIRETROVIRAL AND ANTIVIRAL MEDICINES IN HIV AND VIRAL HEPATITIS PROGRAMMES

JULY 2018



WHO implementation tool for monitoring the toxicity of new antiretroviral and antiviral medicines in HIV and viral hepatitis programmes ISBN 978-92-4-151423-1

© World Health Organization 2018

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

Suggested citation. WHO implementation tool for monitoring the toxicity of new antiretroviral and antiviral medicines in HIV and viral hepatitis programmes. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and gueries on rights and licensing, see http://www.who.int/about/licensing.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Printed in the Netherlands

CONTENTS

| ABBREVIATIONS AND ACRONYMS | |
|--|--|
| DEFINITIONS | |
| ACKNOWLEDGEMENTS | |
| 1 INTRODUCTION | |
| 1.1 Context | |
| 1.2 Structure and objectives of this tool | |
| 1.3 Target audience | |
| 1.4 Toxicity monitoring approaches and guidance for HIV, TB and hepatitis B and C | |
| 2 PART 1: ROUTINE MONITORING OF THE TOXICITY OF NEW ARV DRUGS | |
| 2.1 Background | |
| 2.2 Standardized data collection and reporting tools for routine toxicity monitoring | |
| 2.3 Routine toxicity monitoring for hepatitis B and C | |
| 3 PART 2: ACTIVE MONITORING OF THE TOXICITY OF NEW ARV DRUGS | |
| 3.1 Background | |
| 3.2 Methods | |
| 3.3 Data collection and reporting | |
| 3.4 Data management and analysis | |
| 3.5 Data confidentiality and ethical considerations | |
| 3.6 Reviewing and controlling data quality | |
| 3.7 Dissemination and data use | |
| 3.8 Stakeholders' engagement, roles and responsibilities | |
| 3.9 Training | |
| REFERENCES | |
| ANNEX 1 | |
| Reporting form for dolutegravir adverse drug reactions and/or immune reconstitution infla adults, adolescents and children | |
| ANNEX 2 | |
| Example of dolutegravir adverse reaction reporting form: Brazil | |
| ANNEX 3 Data dictionary for adverse drug reaction reporting form for dolutegravir | |
| ANNEX 4 | |
| WHO template for a chronic hepatitis B and C patient management card | |

ABBREVIATIONS AND ACRONYMS

| ART | antiretroviral therapy |
|--------|---|
| ARV | antiretroviral |
| aDSM | active tuberculosis drug safety monitoring and management |
| DAA | direct-acting antivirals |
| DRV/r | darunavir/ritonavir |
| DTG | dolutegravir |
| EDS | Enhanced Data System |
| EFV | efavirenz |
| NASCOP | national AIDS and STI control programme |
| NVP | nevirapine |
| RAL | raltegravir |
| TLD | fixed-dose combination of tenofovir disproxil fumarate, lamivudine and dolutegravir |
| ТВ | tuberculosis |

DEFINITIONS

Active toxicity monitoring. A system in which active measures are taken to detect the presence or absence of adverse drug reactions occurring during or after exposure to a pharmaceutical product. The adverse drug reactions may be detected by interviewing patients, performing specific investigation or by screening patient records.

••••

Active TB drug safety monitoring and management (aDSM). Active and systematic clinical and laboratory assessment of people being treated for drug-resistant tuberculosis (TB) or with new TB medicines or novel multidrug-resistant TB regimens to detect, manage and report suspected or confirmed drug toxicities.

Adverse event. Any untoward medical occurrence that may present during treatment with a pharmaceutical product but that does not necessarily have a causal relationship with this treatment.

Adverse drug reaction. A response that is harmful and unintended and that occurs at doses normally used in humans for the prophylaxis, diagnosis or therapy of disease or for modifying physiological function. An adverse drug reaction, in contrast to an adverse event, is characterized by the suspicion of a causal relationship between the drug and the occurrence: that is, assessed as being at least possibly related to treatment by the reporting or a reviewing health professional.

Pharmacovigilance. The science and activities relating to detecting, assessing, understanding and preventing adverse effects or any other drug-related problem.

Routine toxicity monitoring. Monitoring of treatment-limiting ARV drug toxicity (see below for definition) integrated into the monitoring and evaluation of national HIV treatment programmes using patient monitoring tools and reporting systems.

Signal. Information reported on a possible causal relationship between an adverse event and a medicine, the relationship being unknown or previously incompletely documented. Usually more than a single report is required to generate a signal, depending on the seriousness of the event and the quality of the information.

Treatment-limiting toxicity. A serious adverse drug reaction that results in drug discontinuation or substitution. This includes serious adverse drug reactions: any adverse reaction that can cause one of the following: death; threatening life; requiring or prolonging hospitalization; disability or permanent damage; or congenital anomaly or birth defect. In addition, any reaction that leads to treatment interruption or requires changing the drug or regimen because of an adverse drug reaction is also considered a serious adverse drug reaction.

ACKNOWLEDGEMENTS

Françoise Renaud and Hiwot Haile-Selassie of the WHO Department of HIV and Global Hepatitis Programme developed this tool under the leadership of Daniel Low-Beer. We are grateful for the technical input of Andrew Ball (WHO Department of HIV), Marc Bulterys (WHO Global Hepatitis Programme), Dennis Falzon (WHO Global TB Programme), Christine Halleux (WHO Special Programme for Research and Training in Tropical Diseases), Yvan Hutin (WHO Global Hepatitis Programme), Fuad Mirzayev (WHO Global TB Programme), Judith Van Holten (WHO Global Hepatitis Programme) and Marco Vitoria (WHO Department of HIV).

WHO also gratefully acknowledges the time and expertise of all the contributors listed below and of the organizations that contributed country examples and data and provided technical review of this tool:

- Cynthia Batista, Department of STI/AIDS and Viral Hepatitis and Brazilian Heath Regulatory Agency (ANVISA), Ministry of Health, Brazil
- Karen Cohen, University of the Western Cape, South Africa
- Herb Harwell, Clinton Health Access Initiative, United States
- Caroline Middlecote, Clinton Health Access Initiative, United States
- Nandita Sugandhi, ICAP at Columbia University, United States
- Maureen Syowai, ICAP at Columbia University, United States
- Claire Townsend, consultant, WHO

WHO thanks David Breuer for technical editing and Formato Verde for layout and design.

The United States President's Emergency Plan for AIDS Relief (PEPFAR) and Unitaid kindly provided funding to support this work. In addition, WHO thanks the other institutions that provided staff time and other contributions to the tool development process.

Please send any comments on this tool or suggestions to hiv-aids@who.int

预览已结束,完整报告链接和二维码如下:

https://www.yunbaogao.cn/report/index/report?reportId=5 25698



