Supplemental Information

Appendix A: AMPATH Pediatric Clinical Encounter Form

USAID AMPATH	DAEDIATRIC	RETURN VISIT FORM	Date:
PARTNERSHIP	TALDIATING		. , ,
1.Name:	A	MPATH ID:	Previous ID:
			Mother's AMPATH ID
2. DOB: / /	Age:Yrs		
3. Mother Deceased: □Yes □No □Unk		4. Scheduled Unsc	heduled Early Unscheduled Late
Father deceased: Ves No Unk . Clinic Location:	nown	6. Category:	7. Person Bringing Patient:
MTRH Module: 01 0 2 0 3 0 4 Chulaimbo 0 1			□ Mother □ Father □ Sibling
Amukura Burnt Forest Iten Kabarnet Khunyangu Kitale Mosoriot Mt. Elgon			Grandparent P M
UG District Hospital G Webuye G Moi's Bridge			□Auntie □P□M □Unde □P□M
D Nambale D Mukhobola D Bumala			Children's home Other
Satellite: Other: Satellite: Other: Satellite: Other:		Immunizations: DBCG	
Breast Formula Cow's/Ani	imal milk 🗆 HIB Dos	immunizations: DBCG	iles Dose#:⊡1
Expressed Breast milk Other liqu	ids DHEP B Do	se#: 01 02 03 0 Polio	Dose#: 01 02 03 04
Water Solid Foo		se#: □1 □2 □3 □ Com	
10. If <u>breastfeeding</u> , is mother on ARVs? □Yes □No □Unknown	If yes are	Siblings < 18 months? □Ye they registered in Pediatric H	HIV clinic? □Yes □No □Unknown
	If ves AM	PATH ID's: 1.	2.
12. Child's Current HIV Status: DHIV ex	opsed, status indetermi	nate HIV infected	HIV Negative
13. Has patient been hospitalized since 14. Does Child have a disability? □ Yee		Vo Reason: yes, Specify:	
15. Current Medications:		yes, openiy.	
15a. ARVs: Yes No Is this the patie			
□ 3TC (4mg/kg): □ Syrup mgm	I⊡Tabsmg ⊡ł	(aletra (0.125ml/kg): □Syrup	pmgmI ⊡Tabsmg
□ d4T (1mg/kg): □ Tabs □15 □ 20 □3 □ AZT: (180mg/m2): □ Syrup mg_	ml⊡Tabs mo	DDI (100mo/m2): DSyrup	omgmi⊔iaosmg o mgml⊡Tabsmg
□ NVP: □ Svrup mo mi □Ta	bs ma 🗆	Nelfinavir: 🗆 Pov	wder mg
□ EFV: □ Syrup mg ml □Ta	bs mg 🗆	Other: □Syrup	o mi ⊡Tabs mg
15b. PCP Prophylaxis: None Sept	rin 🗆 Dapsone	15c. TB Prophylaxis: D	None INH
15d. TB Treatment: None Comp Rifampicin INH Pyrazinami			
15e.Cryptococcus Tx: □None □Diflu		15f.Other Drugs:	te of 10 deadlient//
16. Adherence:			
16a. Who has been giving the medicine t	o the patient? (Please		
			Other (Specify):
□Mother □Father □Sibling □Grandparer	nt ⊡Auntie ⊡Uncle D	Self DChildren's Home	⊡Other (Specify):
□Mother □Father □Sibling □Grandparer 16b. During the last month has the patier □ ARVS □ PCP Prophylaxis	nt □Auntie □Uncle □ nt missed any medicat □ TB Prophylaxis	Self DChildren's Home	⊡Other (Specify):
Mother Father Sibling Grandparer Good Content of the sector of the sect	nt DAuntie DUncle D nt missed any medicati D TB Prophylaxis Reason:	□Self □Children's Home ions? □ Yes □ No □ Anti-TB Medication	⊡Other (Specify):
Mother □Father □Sibling □Grandparer 16b. During the last month has the patier □ ARVS □ PCP Prophylaxis Drug(s) Missed: 16c. During the last seven days how mar	nt ⊡Åuntie ⊡Ùncle ⊡ nt missed any medicati □ TB Prophylaxis Reason: ny of his/her pills did th	ISelf Children's Home ions? Yes No Anti-TB Medication he patient take?	
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19. Test Results: (Please re Test	Result			Test	Result	ł.	Test D	ate
WBC/mm ³	Result	ies	Udle	CD4	Resul		rescu	ave
Hgb g/dL	-			CD4 CD8				
MCV	1			CD4%				
Platelets/ mm ³				HIV Long Elisa				
ALC/ mm ³				HIV DNA PCR				
SGPT				Viral Load				
Creat mmol/L				Other:				
CXR: Code:				Codes: 0-normal 1-Pi		Infiltrate		
20. Current Pediatric Stagin				4-Diffuse abn/hon-millary	5-Cavity 0-	Caldion	legaly /=Out	el abnormal
CDC Class: ON OA OB		Criteria			New Stage	/es	No	
WHO Stage: 01 02 03					New Stage			
Not-applicable: HIV nega			status indet		inen oluge in			
Tuberculosis:				21d. If diagnosed, TB	Diagnosis wa	s done	on basis of:	2
21a. Household member diagn	Household contact		Chronic	cough (> 2	weeks)			
21b. Has the patient been diagnosed with TB since the last visit								
🗆 Yes 🗆 No				Suggestive CXR		AFB p		
21c. Have you diagnosed this of		B today?		TST positive * Ke				
Yes No Already on a 22. ARV Side-effects/Toxicity				* Edward Keith score			the manual))
Diagnosis: New Diagnosi	Lactic Ac s (* Tick 7	idosis 🗆 D Add to add to	iarrhoea 🗆 o summary s	Persistent Vomiting a sheet. Tick "Remove" to	Other (specify delete to from): n summ	ary sheet)	
Diagnosis				Diagnosis			Ongoing	
1. 2.				3.				
z. 24. Plan:	Ц			4.				u
24a. ARVs: □None □Start AR	Ve Cont	inus Denime		Executation Change I	Denimon ODe	daga	Chan All	
□ d4T (1mg/kg): : □ Tabs □ AZT: (180mg/m2): □ Syrup □ NVP: □ Syrupmg □ EFV: □ Syrupmg 24b. PCP Prophylaxis: □ Non	m mic mic mic	20 ⊡ 30 mg gmi⊡ ⊡Tabsn ⊔Tabsmg art ⊡ Co	Tabsn ng C I C ntinue Regin	ABC (8mg/kg): ng DDI (100mg/m2 Nelfinavir: Other: Change Reg	⊡Syrup):⊡Syrup ⊡ Powder jimen □ Re	mg mg mg -dose	_mi oTat mi oTat oTa	bs mg
□ d4T (1mg/kg): : □ Tabs □ AZT: (180mg/m2): □ Syrup □ NVP: □ Syrupmg □ EFV: □ Syrupmg 24b. PCP Prophylaxis: □ Non Reason for stop/change/re-dos	m ml (ml (mnl (ml (ml (ml (mnl (_))))))))))))))))))))))))))))))))))))	20 ⊡ 30 mg gml ⊡ ⊡Tabsn <u>⊡Tabsmg</u> art ⊡ Co ity (Specify)_	Tabsn ng C J C ntinue Regin	ABC (8mg/kg): ng DDI (100mg/m2) Nelfinavir: Other: men Change Reg Weight Change	⊡Syrup):⊡Syrup ⊡ Powder jimen □ Re	mg mg mg -dose	_mi oTat mi oTat oTa	bs mg
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Appendix B: Sample Pediatric HIV Clinical Summary with Reminder

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APPENDIX C

Details of Statistical Analysis Methods Used for Primary Outcome

We consider a discrete survival model for the analysis of the probability of completing an overdue task. First, we consider the probability of completing the overdue task at the initial visit to be $\Phi(\alpha_1 + \gamma)$ in the control arm and $\Phi(\beta_1 + \gamma)$ in the intervention arm. Here, $\Phi(g)$ is the cumulative distribution function of a standard normal variable, (α_1, β_1) are fixed model parameters, and γ represents the random effect due to the specific health care provider on that visit. Conditional on the fact that the overdue task was not completed at visit k - 1 ($k \ge 2$), the probability of completing the overdue task at visit k is $\Phi(\alpha_k + \gamma)$ and $\Phi(\beta_k + \gamma)$ for the control and intervention arm, respectively. Setting the random effect γ to follow a normal distribution with mean 0 and variance σ^2 , we fitted such a model by using SAS PROC GLIMMIX. In our model-fitting process, we found that a parsimonious model with $\alpha_k = \alpha_3$ and $\beta_k =$ $\beta_3(k>3)$ is sufficient to fit the data. Therefore, this model is used to compare the intervention and control arms.

The null hypothesis that the intervention is not effective in improving completion of overdue tasks is translated to the following hypothesis in terms of the model described above:

$H_0: \alpha_k = \beta_k, k = 1, 2, 3.$

The *P* values in Table 3 are based on the Wald test of the H_0 . The cumulative rate of correcting overdue task (CR(*k*)) by visit *k* for the control arm is calculated based on the following formula:

$$CR(k) = 1 - \int_{-\infty}^{\infty} \Phi(-\hat{\alpha}_{1} + \gamma) \Phi(-\hat{\alpha}_{2} + \gamma)$$
$$\dots \Phi(-\hat{\alpha}_{k} + \gamma)(1/\hat{\sigma}) \phi(\gamma/\hat{\sigma}) d\gamma$$

where $\hat{\alpha}_1, \hat{\alpha}_2, ..., \hat{\alpha}_k$ and $\hat{\sigma}$ are parameter estimates and $\phi(g)$ is the probability density function of a standard normal variable. CR(*k*) for the intervention arm can be similarly calculated with $\hat{\alpha}_j$ replaced by $\hat{\beta}_j(j=1,2,...k)$.