

**2013**



**[TECHNICAL UPDATES ON  
ADOPTED RECOMMENDATIONS ON  
ADOLESCENT AND ADULT ANTI-  
RETROVIRAL TREATMENT]**

human rights framework, can be controlled and possibly even eliminated. ART has considerable benefit, both as treatment and in preventing HIV and TB. The new recommendations are based on a solid body of evidence indicating that rates of death, morbidity and HIV and TB transmission are all reduced by starting treatment earlier. This prolongs and improves quality of life. An earlier start to treatment reduces a person's viral load much earlier in the course of their HIV infection, and thereby reduces the risk of onward HIV transmission and could potentially avert a significant number of new HIV Infections. Earlier treatment would boost the immune system, making it less likely that the patient falls sick with TB and other opportunistic diseases which prey on weakened immune systems. This would benefit both the individual concerned and help protect the wider community against the risk of infectious TB. In addition, increasing evidences indicate that untreated HIV may be associated with non-AIDS defining conditions including cardiovascular disease, kidney disease, liver disease, several types of cancer and neurocognitive disorders and initiating ART earlier reduces such events and improves survival. The prospect of earlier treatment could also act as an incentive for more people to undergo voluntary counseling and testing without waiting to develop symptoms and fall sick.

Accordingly the government of Ethiopia has decided to adopt some of the recommendations taking into consideration the available resources and health system. The national guideline will be revised and updated in the near future; in the mean time this technical update is distributed with circular in order to start implementation of the adopted recommendations. This technical update provides guidance on when to start HAART in HIV positive patients and which regimen to use. It also provides recommendations on preferred regimens for special groups: pregnant women, HIV/ TB and HIV/HCV co-infected patients.

It is very important to note that all patients who are already on AZT based regimen should continue with this regimen, however for patients who are newly initiated on treatment it is advised to put them on TDF based regimen preferably and use other alternatives if patient has contraindication to TDF. Using simplified, less toxic and more convenient regimens as fixed dose combinations is recommended for first line ART.

## 1. When to start treatment

All Adults and adolescents	a. HIV infection with CD4 count $\leq 500$ cells/mm <sup>3</sup> should be started on HAART irrespective of WHO clinical stage.
	b. HIV infection and WHO clinical stage 3 and 4 (severe or advanced HIV clinical stage) should be started on HAART irrespective of CD4 cell count.
	c. HIV infection and Active TB disease irrespective of CD4 cell count

NB. All Adult and adolescents should obtain CD4 cell count every six months including those with WHO stage 1 and 2 HIV infections.

## 2. Preferable regimen

All Adults and adolescents	Preferred first line regimens	Alternative first line regimens
	TDF+3TC+EFV as a fixed dose combination	AZT+3TC+EFV AZT+3TC+NVP TDF+3TC+NVP

## 3. Recommendations for special groups

### a. Pregnant women

Start HAART with the following regimen to all HIV positive pregnant mothers

irrespective of their CD4 count

Preferred Regimen	TDF +3TC + EFV
Alternative	AZT +3TC +EFV

**b. HIV/TB co-infection**

- ART is recommended for all HIV positive patients with active TB disease regardless of CD4 count
- The preferred drugs for patients with HIV/TB co-infection is as previous recommendations except that d4T is not used in current regimens.
  - For Patients who present with TB before initiation of ART, the preferred regimen is EFV containing first line regimen.
  - If patients develop TB while on ART for 3-6 months, continue ART throughout TB treatment and patients with NVP based treatment should be shifted to EFV.

**c. HIV/HBV co-infection**

Start TDF and 3TC (or FTC)-containing antiretroviral regimens in all HIV/HBV co-infected individuals needing treatment.