

## ART for HIV/HBV co infection

### Recommendations

1. HBsAg testing is recommended for all individuals before initiate ART. (Conditional recommendation, moderate quality of evidence)
2. In HIV/HBV co-infected individuals who require treatment for HBV infection, ART should be initiated irrespective of CD4 cell count or WHO clinical stage. (Strong recommendation, low quality of evidence)
3. In HIV/HBV co-infected individuals eligible for treatment, 1<sup>st</sup>-line ART regimen should include TDF and 3TC or FTC. (Strong recommendation, moderate quality of evidence)
4. In HIV/HBV co-infected individuals who are failing therapy, second and subsequent ART regimens should include TDF+3TC or FTC, both should be continued in the 2<sup>nd</sup>-line regimen for anti-HBV activity and to reduce the risk of hepatic flares, irrespective of the selected 2<sup>nd</sup>-line ART regimen. (Conditional recommendation, moderate quality of evidence)
5. In patients who are already being treated with 3TC without TDF and are subsequently found to be HBsAg positive, treatment should be changed to include two drugs that target HBV (TDF+3TC or FTC). (Conditional recommendation, moderate quality of evidence)