

2009 WHO ART Guidelines for Adults and Adolescents (Recommendations at a Glance)



- ✓ **When to start:** All adolescents and adults including pregnant women with HIV infection and CD4 counts ≤ 350 cells/mm³, should be started on antiretroviral therapy (ART), regardless of whether they have clinical symptoms. Those with severe or advanced clinical disease (WHO clinical stage 3 or 4) should start ART irrespective of CD4 cell count.
- ✓ **What to use in 1st line:** First-line therapy should consist of an NNRTI + two NRTIs, one of which should be AZT or tenofovir. Countries should take steps to reduce the use of d4T in first-line regimens because of its well recognized toxicities
- ✓ **What to use in 2nd line:** Second-line ART should consist of a ritonavir-boosted PI plus two NRTIs (one of which should be AZT or tenofovir, based on what was used in 1st line). Ritonavir-boosted atazanavir or lopinavir/ritonavir are the preferred PIs.
- ✓ **Lab Monitoring:** All patients should have access to CD4-cell-count testing to optimize pre-ART and ART management. Viral-load testing is recommended to confirm suspected treatment failure. Drug toxicity monitoring should be symptom directed.
- ✓ **HIV/TB co-infection:** Irrespective of CD4-cell counts, patients co-infected with HIV and tuberculosis (TB) should be started on ART as soon as possible after starting TB treatment.
- ✓ **HIV/HBV co-infection:** Irrespective of CD4-cell count or WHO clinical stage patients who require treatment for hepatitis B virus coinfection should start ART. First- and second-line regimens for this group should contain tenofovir and either FTC or 3TC.