Annex 2. Algorithm for the 2013 recommendations for adults and adolescents

- Art-naive adults and adolescents with HIV

Clinical assessment

**WHEN TO START ART**

- Symptomatic HIV disease or presence of CD4-independent conditions?
  - WHO clinical stage 3 or 4?^a b
  - Active TB disease?^c
  - Severe chronic HBV liver disease?^d
  - Pregnancy or breastfeeding?^e
  - HIV+ in a serodiscordant relationship?^f

- Asymptomatic HIV infection?^a
  - WHO clinical stage 1 or 2?^a
  - CD4 cell count
  - CD4 ≤ 500 cells/mm³?^b

**WHAT FIRST-LINE ART TO START**

Initiate one of the following ART regimens^g:
- Preferred option:
  - TDF + 3TC (or FTC) + EFV
- Alternative options:
  - TDF + 3TC (or FTC) + NVP
  - AZT + 3TC + EFV
  - AZT + 3TC + NVP

- Do not initiate ART

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^a Annex 1 lists the WHO clinical staging for HIV disease.

^b ART initiation in individuals with severe or advanced symptomatic disease (WHO clinical stage 3 or 4), regardless of CD4 cell count, or with CD4 count ≤350 cells/mm³, regardless of clinical symptoms, should be prioritized.

^c Active TB disease refers to the time when TB breaks out of latency and causes disease. Latent TB infection refers to the period of time when the immune system has been successful in containing the *Mycobacterium tuberculosis* and preventing disease.

^d Severe chronic liver disease includes cirrhosis and end-stage liver disease and is categorized into compensated and decompensated stages. Decompensated cirrhosis is defined by the development of clinically evident complications of portal hypertension (ascites, variceal haemorrhage and hepatic encephalopathy) or liver insufficiency (jaundice).

^e For details on ARVs for pregnant and breastfeeding women with HIV (Option B and Option B+), see Annex 3 and sections 7.1.2, 7.1.3 and 7.2.2.

^f A HIV-serodiscordant couple is a couple in which one of the sexual partners is HIV-positive and one is HIV-negative. Although one partner is currently HIV-negative, this does not mean that this partner is immunized or protected against getting HIV in the future.

^g For adolescents weighing less than 35 kg, refer to the algorithm for children in annex 4 which indicates the appropriate first-line ART regimen options.