Annex 4. Algorithm for the 2013 recommendations for children

Infants and children infected with HIV

<5 years of age

Initiate ART

<3 years of age?

No

Yes

< 10 years of age or weighing < 35 kg

WHEN TO START ART IN CHILDREN

≥5 years of age

WHO clinical stage 3 or 4 or CD4 ≤ 500 cells/mm³?

Yes

Initiate ART

Monitor clinical stage and CD4

No

Initiate one of the following regimens:

Preferred option: ABC or AZT + 3TC + LPV/r
Alternative option ABC or AZT + 3TC + NVP

WHAT FIRST-LINE ART TO START IN CHILDREN

Yes

Initiate one of the following regimens:

Preferred option: ABC + 3TC + NVP
AZT + 3TC + EFV
AZT + 3TC + NVP
TDF + 3TC (or FTC) + EFV
TDF + 3TC (or FTC) + NVP

No

No

Yes

Initiate one of the following regimens:

Preferred option: TDF + 3TC (or FTC) + EFV
Alternative options: AZT + 3TC + EFV
AZT + 3TC + NVP
TDF + 3TC (or FTC) + NVP

If this recommendation to treat all children between one and under five years of age is not adopted: initiate ART with WHO clinical stage 3 and 4 or with CD4 count ≤ 750 cells/mm³ or < 25%, whichever is lower, regardless of WHO clinical stage (105).

If this recommendation is not adopted ART should be initiated at WHO HIV clinical stage 3 and 4 or with CD4 ≤ 350 cells/mm³ regardless of WHO clinical stage (105, Chapter 7).

Special note: d4T use should be restricted to those situations where there is suspected or confirmed toxicity to AZT and lack of access to ABC or TDF. The duration of therapy with this drug should be limited to the shortest time possible.