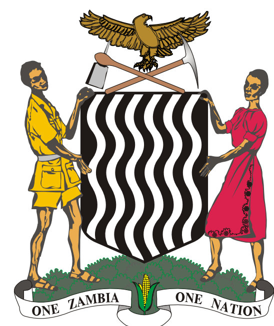
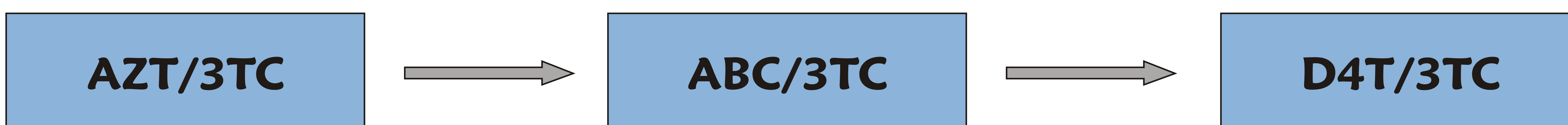


Ministry of Health

Recommended First Line ART Regimen by Age And NVP Exposure

Age/Status	Preferred 1st line	Alternative 1st line	2nd Alternative 1st line
NVP-naive infants or children <24 months with no prior exposure to NVP	NVP + 3TC + AZT	NVP + 3TC + ABC	NVP + 3TC + D4T
For infants or children < 24 months exposed to maternal or infant NVP or other NNRTIs used for maternal treatment or PMTCT	LPV/r + 3TC + AZT	LPV/r + 3TC + ABC	LPV/r + 3TC + D4T
For infants and children less than 36 months with TB/HIV coinfection	ABC + 3TC + AZT	ABC + 3TC + D4T	

Preferential Order of NRTI Backbone



Notes

a) The use of AZT, d4T, ABC with 3TC results in several possible dual nucleoside combinations including AZT +3TC; d4T +3TC; ABC +3TC.

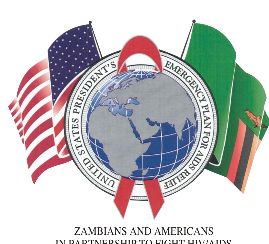
b) AZT should not be given in combination with d4T.

c) Where available, FTC can be used instead of 3TC in children older than 3 months of age.

d) NVP should be avoided in post pubertal adolescent girls (considered as adults for treatment purposes) with baseline CD4 absolute cell counts >250/mm3.

e) EFV is not currently recommended for children <3 years of age or < 10kg, and should be avoided in post pubertal adolescent girls who are either in 1st trimester of pregnancy or are sexually active and not receiving adequate contraception

Following completion of a TB treatment course, a child on a triple NRTI should be switched to a regimen containing an appropriate NRTI/NNRTI combination



AGE RELATED IMMUNOLOGICAL & CLINICAL CONSIDERATIONS TO SWITCHING TO SECOND LINE AT THERAPY

Criteria	< 2years of age*	≥2 years to <5 years of age	≥5 years of age
WHO Staging	New stage 3 or 4 event (appearance or reappearance)		
CD4%	%CD4+ value s fall to <25%	%CD4+ <15%	n/a
CD4 Absolute	n/a	➢ ≤200 cells/mm3 or ➢ 50% fall from on - treatment peak or ➢ Fall below the base line CD4 count.	➢ ≤200 cells/mm3 or ➢ 50% fall from on - treatment peak or ➢ Fall below the base line CD4 count.

**For children under two years, consultation with experienced clinician is required*
Preferably, at least two CD4 measurements should be available. Use of %CD4+ in children <5 years and absolute CD4 counts in those ≥5 years of age is preferred. If serial CD4 values are available, the rate of decline should be taken into consideration

RECOMMENDED SECOND LINE ART REGIMENS IN INFANTS & CHILDREN

Recommend second-line regimen: boosted PI component + two NRTI components	
First-line regimen at failure	***Preferred second-line regimen***
AZT/d4t+3TC+ NVP/EFV	ABC + 3TC[a] + LPV/r[c] or TDF+FTC/3TC+ LPV/r (in children >12 years of age)
ABC + 3TC+ NVP/EFV	AZT + 3TC+ LPV/r
ABC+3TC+AZT/d4t	3TC + EFV[b] /NVP+LPV/r or TDF+FTC/3TC +LPV/r (in children >12 years of age) *(In consultation with paediatric HIV specialist)*
AZT/d4t+3TC+LPV/r ABC+3TC+LPV/r	ABC+3TC+NVP/EFV AZT+3TC+NVP/EFV *(In consultation with paediatrics HIV specialist)*

a. *Continuation of 3TC in second-line regimens may be considered.*
b. *EFV is currently not recommended for children <3 years of age, and should be avoided in post pubertal adolescent girls who are either in the first trimester of pregnancy or are sexually active and not using adequate contraception.*
c. *LPV/r is available as solid and liquid co-formulations.*