



World Health
Organization

GUIDELINES



GUIDELINES FOR
**MANAGING ADVANCED
HIV DISEASE AND
RAPID INITIATION
OF ANTIRETROVIRAL
THERAPY**

JULY 2017

HIV TREATMENT



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Guidelines for managing advanced HIV disease and rapid initiation of antiretroviral therapy,
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ABBREVIATIONS AND ACRONYMS

ARV	antiretroviral
ART	antiretroviral therapy
BCG	Bacille Calmette-Guérin
CI	confidence interval
CrAg	cryptococcal antigen
GRADE	Grading of Recommendations, Assessment, Development and Evaluation
HIV	human immunodeficiency virus
LF-LAM	lateral flow lipoarabinomannan
NNRTI	non-nucleoside reverse-transcriptase inhibitor
PICO	population, intervention, comparator and outcome
RR	relative risk
TB	tuberculosis
UNICEF	United Nations Children's Fund

DEFINITION OF KEY TERMS

Age groups and populations

The following definitions for adults, adolescents, children and infants are used to ensure consistency within these guidelines. Other agencies may use different definitions.

- An adult is a person older than 19 years.
- An adolescent is a person 10–19 years old inclusive.
- A child is a person younger than 10 years old.
- An infant is a child younger than one year of age.

Advanced HIV disease

- For adults, adolescents, and children \geq five years, advanced HIV disease is defined as a CD4 cell count <200 cells/mm³ or a WHO clinical stage 3 or 4 event at presentation for care.
- All children with HIV younger than five years old should be considered as having advanced disease at presentation (for rationale, see section 2.2).
- A seriously ill adult or adolescent is defined as having any of the following danger signs: respiratory rate ≥ 30 breaths per minute; heart rate ≥ 120 beats per minute; or unable to walk unaided. Other clinical conditions, such as body temperature $\geq 39^{\circ}\text{C}$ can also be considered based on local epidemiology and clinical judgement.
- A seriously ill child is defined as having any of the following danger signs: lethargy or unconsciousness; convulsions; unable to drink or breastfeed; and repeated vomiting. Other clinical conditions such as body temperature $\geq 39^{\circ}\text{C}$ and age-defined tachycardia and/or tachypnoea can be considered based on clinical judgement.
- A severely immunosuppressed adult is defined as having a CD4 cell count <50 cells/mm³.
- WHO Clinical Staging is a way to categorize HIV disease severity based on new or recurrent clinical events. There are 4 WHO clinical stages which range from mild symptoms (WHO clinical stage 1) to severe symptoms (WHO clinical stage 4).

Antiretroviral therapy

ARV (antiretroviral) drugs refer to the medicines used to treat and prevent HIV infection.

ART (antiretroviral therapy) refers to the use of a combination of three or more ARV drugs for treating HIV infection. ART involves lifelong treatment.

Clinically well refers to a person who has no active WHO clinical stage 3 or 4 disease and a CD4 cell count ≥ 200 cells/mm³.

Stable on ART refers to the following criteria: receiving ART for at least 12 months; no adverse drug reactions requiring regular monitoring; no current illnesses; and good understanding of adherence and evidence of treatment success: two consecutive undetectable viral load measures or, in the absence of viral load monitoring, rising CD4 cell counts or CD4 cell counts exceeding 200 cells/mm³ and an objective adherence measure.

Treatment failure refers to the current WHO virological criteria for treatment failure, which is two consecutive viral load tests ≥ 1000 HIV RNA copies/ml.

Viral suppression refers to a viral load below the detection threshold using viral assays (< 1000 HIV RNA copies/ml).

Prophylaxis and treatment

Prophylaxis aims to avoid either the first occurrence of infections (primary prophylaxis) or their recurrence (secondary prophylaxis or maintenance).

Pre-emptive therapy is an alternative strategy to prophylaxis that aims to prevent progression to disease after infection has occurred. For example, the term pre-emptive therapy is used to describe treating people who are positive for cryptococcal antigen since, by the time cryptococcal antigen is positive in the blood, disease and dissemination are considered significant even if they are not clinically apparent.

Presumptive treatment (also referred to as empirical treatment) refers to treatment that is initiated based exclusively on clinical suspicion and relying on clinical judgement. Presumptive treatment is generally reserved for severely ill people in settings where laboratory investigations are not available. There are two broad approaches: (1) treatment without laboratory diagnosis based on the opinion of an experienced clinician after considering all the available information and (2) treatment based on a prespecified clinical rule that aims to identify individuals at higher risk and does not require clinical judgement.

Service delivery

Continuum of HIV services refers to a comprehensive package of HIV prevention, diagnostic, treatment, care and support services provided for people at risk of HIV infection or living with HIV and their families. Examples of these services include pre-exposure prophylaxis; HIV testing and linkage to care; TB screening, prevention, diagnosis and care; management of opportunistic infections and other comorbid conditions; initiating, maintaining and monitoring ART response; adherence support; switching to second-line and third-line ART; and palliative care.

Continuum of HIV care refers to a comprehensive package of HIV services for people living with HIV.

Differentiated service delivery is an approach that simplifies and adapts HIV services to better serve the needs of people living with HIV and reduce unnecessary burdens on the health system. For example, under a differentiated service delivery approach, people who are stable

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