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South Africa

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details on first-, second-, and third-line treatment regimens by patient population, in accordance with the WHO guidelines. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

Suggest Updates

- [Adults \(Older than 19 Years\) and Late Adolescents \(Age 15 - 19 Inclusive\) and Greater than 40kg](#)
- [Early Adolescents 10 - 15 Years](#)
- [Children 10 Years or Younger](#)
- [Pregnant and Breastfeeding Women](#)
- [Exposed Infants](#)

-  [National Guidelines for the Prevention of Mother to Child Transmission of HIV and the Management of HIV in South Africa \(PDF / 3 MB\)](#)

Adults (Older than 19 Years) and Late Adolescents (Age 15 - 19 Inclusive) and Greater than 40kg

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

CD4 count less than or equal to 500 cells/ml irrespective of clinical stage
(Prioritise those with CD4 less than or equal to 350 cells/ml)

or

severe or advanced HIV disease (WHO clinical stage 3 or 4) , regardless of CD4 count

or

Irrespective of CD4 count or clinical stage:

- Pregnant and breastfeeding women who are HIV-positive
- Known hepatitis B viral (HBV) co-infection
- Prioritise those CD4 less than or equal to 350 cells/ml or advanced HIV disease

Fast tracking (within 7 days)

- Patients with CD4 less than or equal to 200 cells/ml
- HIV stage 4, even if CD4 is not yet available

Regimen Options:

First Line:

TDF + 3TC (or FTC) + EFV

provide as fixed dose combination (FDC)

Second Line:

AZT + 3TC + LPV/r

AZT + TDF + 3TC + LPV/r

(If HBV co-infected)

Third Line:

Failing any second-line regimen

Decision should be based on expert consultation and genotype resistance and supervised care.

Most likely regimens may contain: Raltegravir, Darunavir/Retravirine adjusted according to genotype interpretation and patient history.

An expert panel will manage patients failing on second-line therapy. The drugs for third-line will be managed centrally. Should take into account prior exposure and predictable mutations.

First Line:

Adults and adolescents on d4T

Change d4T to TDF

(No patient must be on d4T)

Second Line:

TDF + 3TC (or FTC) + LPV/r

Third Line:

Failing any second-line regimen

Decision should be based on expert consultation and genotype resistance and supervised care.

Most likely regimens may contain: Raltegravir, Darunavir/Retravirine adjusted according to

genotype interpretation and patient history.

An expert panel will manage patients failing on second-line therapy. The drugs for third-line will be managed centrally. Should take into account prior exposure and predictable mutations.

First Line:

Contraindication to EFV:

Significant psychiatric co-morbidity

Intolerance to EFV

Impairment of daily function (shift workers)

Substitute Drug

TDF + FTC (or 3TC) + NVP or LPV/r

TDF contraindication:

Creatinine clearance of <50 mL/min

ABC + 3TC + EFV (or NVP)

Third Line:

Failing any second-line regimen

Decision should be based on expert consultation and genotype resistance and supervised care.

Most likely regimens may contain: Raltegravir, Darunavir/Retravirine adjusted according to genotype interpretation and patient history.

An expert panel will manage patients failing on second-line therapy. The drugs for third-line will be managed centrally. Should take into account prior exposure and predictable mutations.

Reference:

National Consolidated Guidelines For The Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) And The Management Of HIV In Children, Adolescents And Adults (2015)

Early Adolescents 10 - 15 Years

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

WHO stage 3 or 4

CD4 count less than or equal to 500 cells/ml

Fast-tracking (initiating ART within 7 days of being eligible)

- CD4 count less than or equal to 200 cells/ml
- WHO stage 4 disease
- MDR/XDR-TB

Regimen Options:

First Line:

Weight less than 40 kg or age less than 15 years

ABC + 3TC + EFV

Second Line:

If failed on ABC/TDF + 3TC/FTC + EFV then switch to AZT + 3TC + LPV/r

If failed on d4T + 3TC + EFV then switch to AZT + ABC + LPV/r

Third Line:

Refer for specialist opinion - Regimen based on genotype resistance testing, expert opinion and supervised care

Access to third-line ART will be managed centrally by the National Department of Health

First Line:

Weight greater than or equal to 40 kg and age greater than or equal to 15 years

ABC/TDF + 3TC/FTC + EFV (Use FDC)

Second Line:

Not specified

Third Line:

Refer for specialist opinion - Regimen based on genotype resistance testing, expert opinion and supervised care

Access to third-line ART will be managed centrally by the National Department of Health

Reference:

National Consolidated Guidelines For The Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) And The Management Of HIV In Children, Adolescents And Adults (2015)

Children 10 Years or Younger

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

5-10 years:

Symptomatic (Stage 3 or 4)

Irrespective of CD4 count

OR CD4 less than or equal to 500 cells/ml irrespective of WHO stage

Criteria for fast-tracking (i.e. start ART within 7 days of being eligible)

- Children less than 1 year of age
- CD4 count less than or equal to 200 cells/ml or less than 15%
- WHO clinical stage 4
- MDR or XDR-TB

Child less than 5:

All children should be started on ART

Regimen Options:

First Line:

Children 3 - 10 years and greater than 10 kg

ABC + 3TC + EFV (or NVP)

*Children who started on ABC/3TC/LPV/r before 3 years must remain on same regimen at 3yr

Second Line:

AZT +3TC + LPV/r

Third Line:

Children who fail second-line treatment should be referred to an expert so that the treatment with third-line agents can be considered.

First Line:

Children on d4T: Change all d4t to ABC

Children on ddl: Change all ddl to ABC

Second

Line:

If failed on d4T + 3TC + EFV (or NVP) then switch to AZT + ABC + LPV/r (discuss with expert before changing)

Third Line:

Children who fail second-line treatment should be referred to an expert so that the treatment with third-line agents can be considered.

First Line:

Children less than 3 years or older and children weighing less than 10kg:

ABC + 3TC + LPV/r

Second

Line:

Consult with expert for advice

Third Line:

Children who fail second-line treatment should be referred to an expert so that the treatment with third-line agents can be considered.

Reference:

National Consolidated Guidelines For The Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) And The Management Of HIV In Children, Adolescents And Adults (2015)

Pregnant and Breastfeeding Women

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

All HIV-positive pregnant women should receive ART with appropriate counselling from their first antenatal visit regardless of gestational age.

Initiate lifelong ART in all pregnant or breastfeeding women on the same day of diagnosis of CD4 count.

All unbooked women who test positive during labour should be given prophylactic ART during labour and initiated on lifelong ART before being discharged.

Regimen Options:

First Line:

All pregnant women and breastfeeding women:

TDF + 3TC (or FTC) + EFV

Provide as fixed-dose combination (FDC)

Pregnant women currently on ART:

Continue current ART regimen

Change to FDC if on individual first-line drugs and virally suppressed and no contraindications to FDC

Second Line:

AZT + 3TC +LPV/r

AZT + TDF + 3TC +LPV/r (4 drugs if HBV co-infected)

Third Line:

Not specified.

First Line:

2nd ANC visit (1 week later)

Pregnant women

- Creatinine less than or equal to 85µmol/l and any CD4 cell count): Continue FDC
- Creatinine greater than 85 µmol/l: TDF contraindicated. Stop FDC, initiate AZT if Hb greater than or equal to 7g/dl
- Contraindication to EFV (active psychiatric illness): Continue AZT until initiated on individual drugs, TDF+3TC+NVP or LPV/r

Labour:

- Unbooked and presents in labour and tests HIV positive: sdNVP + sd Truvada and AZT 3-hourly in labour
- Emergency caesarean section in an unbooked woman with no ART: sdNVP + sd Truvada for C/S. Start FDC next day regardless of CD4 cell count

Post-Partum

- Mother diagnosed with HIV within 1 year post-partum or still breastfeeding beyond 1 year.
Lifelong FDC initiated immediately

Second

Line:

Failing on a d4T or AZT-based 1st line regimen

TDF + 3TC (or FTC) + LPV/r

Dyslipidaemia or diarrhoea associated with LPV/r

Switch LPV/r to ATV/r

Third Line:

Not specified.

Reference:

National Consolidated Guidelines For The Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) And The Management Of HIV In Children, Adolescents And Adults (2015)

Exposed Infants

Year Issued:

2015

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

See First Line Regimen

Regimen Options:

First Line:

Criteria:

Mother on lifelong ART (Mother has been on ART for greater than 4 weeks prior to delivery)

Infant post-exposure prophylaxis should be used for 6-12 weeks after delivery, dependent on when maternal ART was initiated.

First Line Regimen:

NVP at birth and then daily for 6 weeks

Second

Line:

Not specified.

Third Line:

Not specified.

First Line:

Criteria:

Mother did not get any ART before or during delivery and tests HIV-positive greater than 72 hours post-delivery

or Mother newly diagnosed HIV-positive within 72 hours of delivery

or Mother started ART less than 4 weeks prior to delivery

First Line Regimen:

NVP as soon as possible and daily for 12 weeks (if infant is breastfed)

Second

Line:

Not specified.

Third Line:

Not specified.

First Line:

Criteria:

Breastfeeding mother diagnosed with HIV
(Start mother on FDC immediately)

First Line Regimen:

NVP and AZT immediately

If infant tests HIV PCR negative: stop AZT and continue NVP for 12 weeks

If mother has received 12 weeks of ART then infant NVP can be stopped

If infant tests HIV PCR+, initiate ART immediately

Second

Line:

Not specified.

Third Line:

Not specified.

First Line:

Criteria:

Unknown maternal status for any reason including orphans and abandoned infants

First Line Regimen:

Give NVP immediately*

Test infant with rapid HIV test*

If positive continue NVP for 6 weeks

If negative discontinue NVP

*If rapid HIV test can be done within 2 hours, then wait for HIV result before commencing NVP.

If rapid test is positive, do an HIV PCR. If negative, repeat HIV PCR at 10 weeks. If HIV PCR is positive, initiate baby on triple ART immediately and send confirmatory HIV PCR.

Second

Line:

Not specified.

Third Line:

Not specified.

First Line:

Criteria:

Mother with latest viral load greater than 1000 copies/ml

First Line Regimen:

Dual ARV for 6 weeks (NVP and AZT).

Perform an HIV PCR at or shortly after birth

Second

Line:

Not specified.

Third Line:

Not specified.

First Line:

Criteria:

Non-breastfeeding mother diagnosed with HIV

First Line Regimen:

If more than 72 hours since delivery, no infant NVP
Perform an HIV PCR, if positive initiate ART

Second

Line:

Not specified.

Third Line:

Not specified.

Reference:

National Consolidated Guidelines For The Prevention Of Mother-To-Child Transmission Of HIV (PMTCT) And The Management Of HIV In Children, Adolescents And Adults (2015)

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