



Published on AIDSFree (<https://aidsfree.usaid.gov>)

[Home](#) > [Resources](#) > [AIDSFree Guidance Database](#) > [HIV Treatment Guidance Database](#) >

South Sudan

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 and Adolescents](#)
- [Pregnant and Breastfeeding Women](#)
- [Exposed Infants](#)
- [Adolescents 10 - 19 Years Greater than or Equal to 35 kg](#)
- [Children Greater than or Equal to 3 Years to 10 Years and Adolescents less than or Equal to 35 kg](#)
- [All Infants and Children Under 3 Years \(or less than 10 kg\)](#)
-  [Consolidated Clinical Guidelines on Use of Antiretroviral Drugs for HIV Treatment and Prevention \(PDF / 3 MB\)](#)

Adults and Adolescents

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

- WHO clinical stage III and IV disease regardless of CD4 cell count
- CD4 cell count of less than or equal to 500 cells/mm³ regardless of WHO clinical stage
- ART should be initiated in all individuals with HIV regardless of WHO clinical stage or CD4 cell count in the following situations:
 - Individuals with HIV and active TB disease
 - Individuals co-infected with HIV and HBV with evidence of severe chronic liver disease
 - Pregnant and breastfeeding women with HIV
 - Partners with HIV in sero-discordant couples

As a priority, ART should be initiated in all individuals with severe or advanced HIV clinical disease (WHO clinical stage 3 or 4) and individuals with CD4 count less than 350 cells/mm³.

Regimen Options:

First Line:

All new patients needing treatment, including pregnant women, TB patients, HBV:

TDF + FTC (or 3TC) +EFV

FDC (fixed dose combination) preferred

Contraindications to EFV:

TDF + (FTC or 3TC) + NVP

Second Line:

Failing on TDF-based 1st line:

AZT+3TC+ LPV/r

Third Line:

Failing any 2nd line regimen:

Specialist referral; Patients failing on second line therapy will be managed at tertiary referral centers and the drugs for third line managed centrally

First Line:

Contraindication to TDF:

AZT+ 3TC +EFV or (NVP)

Second Line:

Failing on AZT based 1st line:

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

Third Line:

Failing any 2nd line regimen:

Specialist referral; Patients failing on second line therapy will be managed at tertiary referral centers and the drugs for third line managed centrally

First Line:

Contraindication to TDF and AZT:

d4T + 3TC+ EFV (or NVP)

Second

Line:

Failing on a d4T-based 1st line regimen:
TDF+3TC (or FTC) + LPV/r

Third Line:

Failing any 2nd line regimen:
Specialist referral; Patients failing on second line therapy will be managed at tertiary referral centers and the drugs for third line managed centrally

First Line:

Contraindication to TDF, AZT and d4t:
ABC + 3TC + EFV (or NVP)

Third Line:

Failing any 2nd line regimen:
Specialist referral; Patients failing on second line therapy will be managed at tertiary referral centers and the drugs for third line managed centrally

First Line:

Currently on d4T-based regimen:

TDF + FTC (or 3TC) + EFV

FDC preferred

Third Line:

Failing any 2nd line regimen:
Specialist referral; Patients failing on second line therapy will be managed at tertiary referral centers and the drugs for third line managed centrally

Reference:

Ministry Of Health Republic Of South Sudan Consolidated Clinical Guidelines On Use Of Antiretroviral Drugs For HIV Treatment And Prevention (2014)

Pregnant and Breastfeeding Women

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

- All women living with HIV that are identified during pregnancy, labour or while breastfeeding should be started on lifelong ART (option B+) irrespective of CD4 counts or WHO clinical stage.

Regimen Options:

First Line:

A once-daily fixed dose combination of TDF+3TC (or FTC) +EFV is recommended as the first line ART regimen in pregnant women, including pregnant women in the first trimester of pregnancy and women of childbearing age.

Second

Line:

None specified.

Third Line:

None specified.

First Line:

Woman at first ANC visit (any gestational age):

- ART initiated immediately: TDF + 3TC +EFV (as FDC)
- Currently on lifelong ART: Continue the ART regimen if the regimen is effective

Second

Line:

None specified.

Third Line:

None specified.

First Line:

2nd ANC Visit (1 week later)

- Creatinine less than or equal to 85µmol/l OR Urine normal and any CD4 cell count: Continue FDC: TDF + FTC (or 3TC) +EFV
- Contraindication to TDF (renal disease) Creatinine greater than 85µmol/l: AZT + 3TC + EFV
- Contraindication to EFV (active psychiatric illness): TDF + 3TC + NVP

Second

Line:

None specified.

Third Line:

None specified.

First Line:

Labour:

- Unbooked and presents in labour and tests HIV positive: Start TDF + 3TC +EFV (as FDC). Start with single dose Nevirapine - sdNVP then ART

Second

Line:

None specified.

Third Line:

None specified.

First Line:

Post-Natal:

- Woman breastfeeding and diagnosed as HIV positive during pregnancy: Continue ART regimen
- Woman breast-feeding & diagnosed as HIV positive during breast feeding: Initiate ART immediately: TDF + FTC (or 3TC) +EFV

Second

Line:

None specified.

Third Line:

None specified.

Reference:

Ministry Of Health Republic Of South Sudan Consolidated Clinical Guidelines On Use Of Antiretroviral Drugs For HIV Treatment And Prevention (2014)

Exposed Infants

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

See First Line Regimen

Regimen Options:

First Line:

Criteria:

Mother on lifelong ART:
NVP at birth and then daily for 6 weeks

First Line Regimen:

If mother is breastfeeding and not virally suppressed e.g. late booking or established poor adherence, continue NVP for infant throughout breastfeeding until one week post cessation of breastfeeding

Third Line:

None specified.

First Line:

Criteria:

Mother did not get ART before or during delivery and tests HIV positive post delivery:
NVP as soon as possible and daily for 12 weeks ie extended NVP prophylaxis

First Line Regimen:

Initiate ART for mother
Assess ART eligibility for infant as per infant testing algorithm (EID at 6 weeks, ART if infected)

Third Line:

None specified.

First Line:

Criteria:

Unknown maternal status because orphaned or abandoned:

Give NVP immediately

Test infant with rapid HIV test. If positive continue NVP for 6 weeks. If negative discontinue NVP

First Line Regimen:

Follow up at 6 weeks with HIV PCR

If PCR is unavailable, do HIV antibody test at 18 months

Third Line:

None specified.

First Line:

Criteria:

Mother on option A regimen:

NVP at birth and then daily for 6 weeks

First Line Regimen:

Test infant with 6 week HIV PCR test. If negative and breastfeeding continue NVP till one week after complete cessation of breastfeeding

Third Line:

None specified.

Reference:

Ministry Of Health Republic Of South Sudan Consolidated Clinical Guidelines On Use Of Antiretroviral Drugs For HIV Treatment And Prevention (2014)

Adolescents 10 - 19 Years Greater than or Equal to 35 kg

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

ART eligibility criteria: Infants and children:

- All infants and children under 5 years of age should be initiated on ART regardless of WHO clinical stage or CD4 cell count
- All children with WHO clinical stage 3 or 4 disease should be started on ART regardless of age or CD4 count
- All children above 5 years should be started on ART if CD4 count is less than 500 cells/mm³ (with priority given to those with low CD4 below 350 cells/mm³)
- All infants under 18 months of age with presumptive diagnosis of HIV**

Regimen Options:

First Line:

TDF+3TC+EFV

Comments:

- If EFV is contraindicated, use NVP : TDF+3TC+NVP
- If TDF is contraindicated, use AZT: AZT+3TC+EFV (or NVP)
- If TDF and AZT are contraindicated, use ABC: ABC+3TC+EFV (or NVP)

Second Line:

If failed 1st line: ABC (or TDF) +3TC + EFV (or NVP) then switch to:
AZT + 3TC + LPV/r

If failed 1st line: AZT +3TC+ +EFV(or NVP) then switch to:
ABC (or TDF) +3TC+LPV/r

If failed 1st Line: d4T +3TC + EFV (or NVP)* then switch to: ABC +3TC + LPV/r
*After failure of a d4T based regimen there will be TAMs we cannot give AZT

Third Line:

Refer for specialist opinion

Reference:

Ministry Of Health Republic Of South Sudan Consolidated Clinical Guidelines On Use Of Antiretroviral Drugs For HIV Treatment And Prevention (2014)

Children Greater than or Equal to 3 Years to 10 Years and Adolescents less than or Equal to 35 kg

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

ART eligibility criteria: Infants and children:

- All infants and children under 5 years of age should be initiated on ART regardless of WHO clinical stage or CD4 cell count
- All children with WHO clinical stage 3 or 4 disease should be started on ART regardless of age or CD4 count
- All children above 5 years should be started on ART if CD4 count is less than 500 cells/mm³ (with priority given to those with low CD4 below 350 cells/mm³)
- All infants under 18 months of age with presumptive diagnosis of HIV**

Regimen Options:

First Line:

ABC + 3TC + EFV

Comments:

- If EFV is contraindicated, give ABC+3TC+NVP
- If ABC is contraindicated, give AZT+ 3TC+EFV (or NVP)
- If ABC and AZT are contra-indicated, give TDF+3TC+EFV (or NVP)
- If a child is anemic (Hb <7.5g/dl) do not use AZT. Use ABC based regimen.
- In special circumstances, d4T+3TC+EFV (or NVP).
- D4T should only be used if preferred or 1st alternative regimens are contraindicated or missing. All children above 5 years on this regimens should be switched to AZT based regimen

Second

Line:

If failed 1st line: ABC (or TDF) +3TC + EFV (or NVP) then switch to:
AZT + 3TC + LPV/r

If failed 1st line: AZT +3TC+ +EFV(or NVP) then switch to:
ABC (or TDF) +3TC+LPV/r

If failed 1st Line: d4T +3TC + EFV (or NVP)* then switch to: ABC +3TC + LPV/r
*After failure of a d4T based regimen there will be TAMs we cannot give AZT

Third Line:

Refer for specialist opinion

Reference:

Ministry Of Health Republic Of South Sudan Consolidated Clinical Guidelines On Use Of Antiretroviral Drugs For HIV Treatment And Prevention (2014)

All Infants and Children Under 3 Years (or less than 10 kg)

Year Issued:

2014

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

ART eligibility criteria: Infants and children:

- All infants and children under 5 years of age should be initiated on ART regardless of WHO clinical stage or CD4 cell count
- All children with WHO clinical stage 3 or 4 disease should be started on ART regardless of age or CD4 count
- All children above 5 years should be started on ART if CD4 count is less than 500 cells/mm³ (with priority given to those with low CD4 below 350 cells/mm³)
- All infants under 18 months of age with presumptive diagnosis of HIV**

** A presumptive diagnosis of severe HIV disease can be made in children below 18 months if:

- The child is confirmed as being HIV antibody positive,
- AND is symptomatic with two or more of the following; oral candidiasis/thrush, Severe pneumonia, Severe sepsis (Refer to IMCI guidelines)
- OR has a diagnosis of any AIDS-indicator condition(s).

Regimen Options:

First Line:

ABC + 3TC + NVP

Comments:

- If ABC is contraindicated, give AZT+3TC+ NVP
- If ABC and AZT are contra indicated, give d4T+3TC+NVP
- If a child is anemic (Hb <7.5g/dl) do not use AZT. Use ABC based regimen.
- Do not use EFV in children under 3 yrs (or 15 kg).

Third Line:

Refer for specialist opinion

Reference:

Ministry Of Health Republic Of South Sudan Consolidated Clinical Guidelines On Use Of Antiretroviral Drugs For HIV Treatment And Prevention (2014)

Source URL: <https://aidsfree.usaid.gov/resources/guidance-data/treatment/south-sudan>