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## Tanzania

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](#)
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-  [National Guidelines for the Management of HIV and AIDS - Tanzania \(PDF / 4 MB\)](#)

### Adults and Adolescents

### Year Issued:

2014

### HIV/TB Co-Infection Addressed:

Yes

### Criteria for Treatment:

- All patients in WHO stage 3 and 4 clinical criteria, regardless of CD4 cell count
- All adolescents and adults with CD4 count less than 500cells/mm<sup>3</sup>, 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 TB-HIV co-infection
- Individuals co-infected with HIV and HBV with evidence of severe chronic liver disease
- The following key populations: people who inject drugs (PWIDs), men who have sex with men (MSM), sex workers, prisoners
- Partners with HIV in serodiscordant couples should be offered ART to reduce HIV transmission to uninfected partners.

### Regimen Options:

## **First Line:**

TDF +3TC +EFV

## **Second Line:**

The second line NRTI choice for adults and adolescents depends on the first line regimen. For patients on TDF in first line, the default second line option is to use AZT plus 3TC or FTC combined with a ritonavir-boosted PI, either LPV/r or ATV/r. For patients who were initiated on TDF in first line because of intolerance to AZT, the default second line option is to use ABC plus 3TC combined with a ritonavir-boosted PI.

ATV/r or LPV/r. (ABC + 3TC + LPV/r or ATV/r).

## **Third Line:**

Not specified

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## **First Line:**

Alternative first line regimens can be:

AZT + 3TC + NVP (or EFV)

## **Second Line:**

If patients were started on AZT and had never used TDF regimen, the default second line option will be TDF based regimen. TDF/FTC + ATV/r or LPV/r

## **Third Line:**

Not specified

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## **First Line:**

TDF + FTC + EFV

TDF + 3TC + NVP

TDF + FTC + NVP

## **Second Line:**

For patients on TDF in first line, the default second line option is to use AZT plus 3TC or FTC combined with a ritonavir-boosted PI, either LPV/r or ATV/r.

AZT/3TC + ATV/r or LPV/r

## **Third Line:**

Not specified

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## **Reference:**

Tanzania ART Guidelines 2014

**Adolescents Greater than or Equal to 35kg**

## **Year Issued:**

2014

## **HIV/TB Co-Infection Addressed:**

Yes

## **Criteria for Treatment:**

Children 0-15 years

- Treat all regardless of WHO clinical stage or CD4 cell count

Children 15 years or older:

- All children 15 years and older infected with HIV with severe or advanced symptomatic disease (WHO clinical stage 3 or 4) regardless of age and CD4 cell count.
- All children older than 15 years in Stage 1 or 2 with CD4 <500 cell/mm<sup>3</sup>

## **Regimen Options:**

### **First Line:**

TDF + 3TC + EFV

### **Second**

### **Line:**

AZT + 3TC + LPV/r\*

\* ATV/r can be used as an alternative to LPV/r in children older than 6 years

### **Third Line:**

Not specified

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### **First Line:**

AZT + 3TC + EFV

## **Second**

### **Line:**

ABC or TDF + 3TC + LPV/r. TDF may only be given to children greater than 2 years. ATV/r can be used as an alternative to LPV/r in children older than 6 years

### **Third Line:**

Not specified

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## **First Line:**

ABC + 3TC + NVP

## **Second**

### **Line:**

AZT + 3TC + LPV/r. ATV/r can be used as an alternative to LPV/r in children older than 6 years.

### **Third Line:**

Not specified

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## **Reference:**

Tanzania ART guidelines 2014

## **Adolescents less than 35kg and Children Greater than or Equal to 3 Years Year Issued:**

2014

## **HIV/TB Co-Infection Addressed:**

Yes

## **Criteria for Treatment:**

Children 0-15 years

- Treat all regardless of WHO clinical stage or CD4 cell count

Children 15 years or older:

- All children 15 years and older infected with HIV with severe or advanced symptomatic disease (WHO clinical stage 3 or 4) regardless of age and CD4 cell count.
- All children older than 15 years in Stage 1 or 2 with CD4 less than 500 cell/mm<sup>3</sup>

## **Regimen Options:**

## **First Line:**

ABC + 3TC + EFV

## **Second Line:**

AZT + 3TC + LPV/r. ATV/r can be used as an alternative to LPV/r in children older than 6 years

## **Third Line:**

Not specified

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## **First Line:**

Alternative Regimens:

AZT + 3TC + EFV

## **Second Line:**

ABC or TDF + 3TC + LPV/r. TDF may only be given to children greater than 2 years. ATV/r can be used as an alternative to LPV/r in children older than 6 years

## **Third Line:**

Not specified.

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## **First Line:**

ABC + 3TC + NVP

## **Second Line:**

AZT + 3TC + LPV/r. ATV/r can be used as an alternative to LPV/r in children older than 6 years

## **Third Line:**

Not specified.

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## **Reference:**

Tanzania ART guidelines 2014

## Children less than 3 Years old

### Year Issued:

2014

### HIV/TB Co-Infection Addressed:

Yes

### Criteria for Treatment:

Children 0-15 years

- Treat all regardless of WHO clinical stage or CD4 cell count

Children <18 months who qualify for presumptive diagnosis

- Start ART while awaiting virologic confirmation

### Regimen Options:

#### First Line:

ABC + 3TC + LPV/r

#### Second Line:

No Change. No change is recommended unless in the presence of advanced clinical disease progression or lack of adherence specifically because of poor palatability of LPV/r. In this case, switching to a second line NVP-based regimen should be considered. Based on the recent approval of the use of EFV in children less than 3 years, an EFV-based regimen could be considered as an alternative.

#### Third Line:

Not specified.

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#### First Line:

Alternative Regimens:

AZT + 3TC + LPV/r. If LPV/r is not available, NVP may be substituted in pediatric FDC AZT +3TC + NVP.

#### Second Line:

No Change. No change is recommended unless in the presence of advanced clinical disease progression or lack of adherence specifically because of poor palatability of LPV/r. In this case, switching to a second line NVP-based regimen should be considered. Based on the recent approval of the use of EFV in children less than 3 years, an EFV-based regimen could be

considered as an alternative.

## **Third Line:**

Not specified.

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## **Reference:**

Tanzania ART guidelines 2014

### **Pregnant Women**

## **Year Issued:**

2014

## **HIV/TB Co-Infection Addressed:**

Yes

## **Criteria for Treatment:**

All HIV infected pregnant women and lactating mothers are eligible for ART regardless of CD4 count.

## **Regimen Options:**

### **First Line:**

The recommended first-line regimen for this patient subgroup is:

TDF + 3TC + EFV

Alternatives:

- TDF + 3TC + NVP
- TDF + FTC + NVP
- AZT + 3TC + EFV
- AZT + 3TC + NVP

### **Second**

### **Line:**

For patients on TDF in first line, the default second line option is to use is AZT plus 3TC or FTC combined with a ritonavir-boosted PI, either LPV/r or ATV/r. (TDF+3TC or FTC + ATV/r or LPV/r)

AZT/3TC + ATV/r or LPV/r

### **Third Line:**

Not specified.

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## Reference:

Tanzania ART guidelines 2014

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