



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

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

Zambia

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 10 to less than 20 Years old and Weighing Greater than or Equal to 35 kg](#)
 - [Adolescents 10 to less than 19 Years old and Weighing less than 35kg and Children 5 to less than 10 Years old](#)
 - [Children 3 Months to less than 5 Years old](#)
 - [Children 6 Weeks to less than 3 Months old](#)
 - [Pregnant and Breastfeeding Women](#)
 - [Exposed Infants](#)
-
-  [Antiretroviral Therapy for Chronic HIV Infection in Adults and Adolescents \(PDF / 308 KB\)](#)
 -  [Integrated Prevention of Mother-to-Child Transmission of HIV in Zambia \(PDF / 2 MB\)](#)

Adults and Adolescents 10 to less than 20 Years old and Weighing Greater than or Equal to 35 kg

Year Issued:

2013

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Adults and Adolescents (10 to less than 15 years old): Regardless of WHO Clinical Stage or CD4 count

Adults and Adolescents (15 to less than 20 years old):

- CD4 count less than or equal to 500 cells/mm³
- WHO Clinical stage 3 or 4
- HIV-infected sexual partners of pregnant & breastfeeding women
- HIV-infected sexual partners in serodiscordant couples
- Patients with active TB disease and HIV co-infection
- Patients with hepatitis B virus (HBV) and HIV co-infection with severe liver disease

Regimen Options:

First Line:

TDF + XTC* + EFV

*XTC = 3TC or FTC

Second Line:

AZT + 3TC + LPV-r

Third Line:

Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have:

- Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART
- Genotype (resistance) testing

Then, refer to an HIV Specialist at an Advanced Treatment Centre (ATC) with a complete cART treatment history

First Line:

Alternatives:

TDF + XTC* + NVP

*XTC = 3TC or FTC

ABC + 3TC + EFV

Second Line:

AZT + 3TC + LPV-r

Third Line:

Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have:

- Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART

- Genotype (resistance) testing

Then, refer to an HIV Specialist at an Advanced Treatment Centre (ATC) with a complete cART treatment history

Reference:

Republic of Zambia Ministry of Health PMTCT National Protocol Guidelines, Integrated Prevention of Mother-to-Child Transmission of HIV (2010) Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection (2013)

Adolescents 10 to less than 19 Years old and Weighing less than 35kg and Children 5 to less than 10 Years old

Year Issued:

2013

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Adolescents (15 to less than 20 years old)

- CD4 count less than or equal to 500 cells/mm³
- WHO Clinical stage 3 or 4
- HIV-infected sexual partners of pregnant & breastfeeding women
- HIV-infected sexual partners in serodiscordant couples
- Patients with active TB disease and HIV co-infection
- Patients with hepatitis B virus (HBV) and HIV co-infection with severe liver disease

Children (0 to less than 10 years old) and Adolescents (10 to <15 years old):

Regardless of WHO Clinical Stage or CD4 count

Regimen Options:

First Line:

TDF + XTC* + EFV
(weight-based dosing)

*XTC = 3TC or FTC

Second Line:

AZT + 3TC + LPV-r

Third Line:

Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have:

- Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART
- Genotype (resistance) testing

Then, refer to an HIV Specialist at an Advanced Treatment Centre (ATC) with a complete cART treatment history

First Line:

Alternatives:

TDF + XTC* + NVP

(weight-based dosing)

*XTC = 3TC or FTC

Second Line:

AZT + 3TC + LPV-r

Third Line:

Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have:

- Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART
- Genotype (resistance) testing

Then, refer to an HIV Specialist at an Advanced Treatment Centre (ATC) with a complete cART treatment history

First Line:

ABC + 3TC+EFV

Second Line:

AZT + 3TC +EFV

Third Line:

Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have:

- Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART
- Genotype (resistance) testing

Then, refer to an HIV Specialist at an Advanced Treatment Centre (ATC) with a complete cART treatment history

Reference:

Republic of Zambia Ministry of Health PMTCT National Protocol Guidelines, Integrated Prevention of Mother-to-Child Transmission of HIV (2010) Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection (2013)

Children 3 Months to less than 5 Years old

Year Issued:

2013

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Regardless of WHO Clinical Stage or CD4 count

Regimen Options:

First Line:

ABC + 3TC + LPV-r

Alternatives:

AZT + 3TC + LPV-r

After 5 years substitute to preferred 1st line with TDF + XTC* + LPV-r

*XTC = 3TC or FTC

Second Line:

Not specified.

Third Line:

Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have:

- Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART
- Genotype (resistance) testing

Then, refer to an HIV Specialist at an Advanced Treatment Centre (ATC) with a complete cART treatment history

Reference:

Republic of Zambia Ministry of Health PMTCT National Protocol Guidelines, Integrated Prevention of Mother-to-Child Transmission of HIV (2010) Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection (2013)

Children 6 Weeks to less than 3 Months old

Year Issued:

2013

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Regardless of WHO Clinical Stage or CD4 count

Regimen Options:

First Line:

AZT + 3TC + LPV-r

After 3 months substitute to preferred line with ABC

Second

Line:

Not specified.

Third Line:

Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have:

- Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART
- Genotype (resistance) testing

Then, refer to an HIV Specialist at an Advanced Treatment Centre (ATC) with a complete cART treatment history

Reference:

Republic of Zambia Ministry of Health PMTCT National Protocol Guidelines, Integrated Prevention of Mother-to-Child Transmission of HIV (2010) Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection (2013)

Pregnant and Breastfeeding Women

Year Issued:

2013

HIV/TB Co-Infection Addressed:

Yes

Criteria for Treatment:

Regardless of WHO Clinical Stage or CD4 count

Regimen Options:

First Line:

TDF + XTC* + EFV

*XTC = 3TC or FTC

Alternatives:

TDF + XTC + NVP

ABC + 3TC + EFV

Second Line:

AZT + 3TC + LPV-r

Third Line:

Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have:

- Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART
- Genotype (resistance) testing

Then, refer to an HIV Specialist at an Advanced Treatment Centre (ATC) with a complete cART treatment history

First Line:

Previous sd-NVP exposure; or NVP Mono-therapy exposure (NVP without 7 days of AZT + 3TC cover); or Unsure of tail coverage:

TDF + XTC* + LPV-r

*XTC = 3TC or FTC

Second Line:

Not specified.

Third Line:

Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have:

- Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART
- Genotype (resistance) testing

Then, refer to an HIV Specialist at an Advanced Treatment Centre (ATC) with a complete cART treatment history

First Line:

Alternative:

TDF + XTC* + ATV-r

*XTC = 3TC or FTC

Second Line:

Not specified.

Third Line:

Provision of 3rd line cART occurs in very rare circumstances and is beyond the scope of most cART providers. All patients being considered for 3rd line cART should have:

- Confirmed 2nd line cART failure (defined by a persistently detectable viral load exceeding 1,000 copies/ml (that is, two consecutive viral load measurements within a three-month interval, with enhanced adherence support between measurements) after at least 6 months of using 2nd line cART
- Genotype (resistance) testing

Then, refer to an HIV Specialist at an Advanced Treatment Centre (ATC) with a complete cART treatment history

Reference:

Republic of Zambia Ministry of Health PMTCT National Protocol Guidelines, Integrated Prevention of Mother-to-Child Transmission of HIV (2010) Zambia Consolidated Guidelines for Treatment and Prevention of HIV Infection (2013)

Exposed Infants

Year Issued:

2010

HIV/TB Co-Infection Addressed:

No

Criteria for Treatment:

- All HIV exposed breastfeeding infants whose mothers were on ARV prophylaxis must be started on NVP prophylaxis from birth and continued throughout the breastfeeding duration.
- All HIV exposed breastfeeding infants whose mothers did not receive any prophylaxis antenatally must be started on NVP prophylaxis from birth and continued throughout the breastfeeding duration.
- All HIV exposed breastfeeding infants whose mothers are on ART, must be started on NVP prophylaxis from birth until 6 weeks of age.
- All HIV exposed non-breastfeeding infants must be started on NVP prophylaxis from birth until 6 weeks of age regardless of whether their mothers were on prophylaxis or not.

Regimen Options:

First Line:

Birth - 6 weeks

Birth weight 2,000 - 2,499 grams:

NPV 10 mg once daily

Birth weight greater than 2,500 grams:

NPV 15 mg once daily

6 weeks to 6 months

NPV 20 mg once daily

greater than 6 to 9 months

NPV 30mg once daily

greater than 9 months to end of breastfeeding

NPV 40mg once daily

Second

Line:

Not specified.

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