SOUTHERN AFRICAN HIV CLINICIANS SOCIETY

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Statement on WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection

The Society notes the WHO's new guideline threshold of 500 cells/ul for the initiation of antiretroviral therapy in asymptomatic, non-pregnant adults.

This is not the same as the Society's guideline of 350cells/ul. There is no additional new data to support changing our own guideline, but we acknowledge the WHO recommendation may cause confusion. Several on-going clinical trials will complete within the next few years. These will help inform when to start, both from an individual patient and public health perspective. We therefore suggest clinicians consider the following when making treatment decisions.

There are clear individual benefits (reduced mortality and tuberculosis) for starting ART in any patient with a CD4 below 350cells/ul based on the findings of a randomised controlled trial. There is sufficient evidence to suggest any patient regardless of CD4 count who has chronic active hepatitis B, tuberculosis or any other significant clinical condition (as described in our 2012 adult ART guidelines) will benefit from ART initiation above the 350 threshold. There is also clear benefit associated with using ART above this threshold for preventing MTCT, and for treating the positive partner in a serodiscordant sexual partnership to prevent transmission to the HIV-negative sexual partner.

The data for individual benefit above 350cells/ul is based almost entirely on observational cohorts, which have inherent biases, and these data are from developed countries. Even where benefit is shown, this is relatively small.

Complications of earlier treatment include more drug toxicity and potential for resistance due to longer periods on ART, as well as vulnerability to ART interruptions in a climate of international and local drug stock outs.

Epidemiological data suggesting broader ART coverage has a beneficial impact on reducing HIV incidence in communities is compelling but unproven, and should not influence decision making at an individual level unless such an approach was adopted as a large scale public health strategy.

We believe initiating treatment above 350cells/µl is a highly individualised decision that should take into account the patient's clinical condition, their wishes and their motivation, after a careful explanation of the risks, possible benefits and financial burden that may result if self-funding.

If you have any questions, please contact the Society secretariat at 011 728 7365 or sahivsoc@sahivsoc.org.