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# SUMMARY TABLE OF HIV TREATMENT REGIMENS

PEDIATRIC AND ADULT TREATMENT GUIDELINES FOR  
PEPFAR FOCUS AND NON-FOCUS COUNTRIES

**AIDSTAR-One**  
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

**JUNE 2011**

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# **SUMMARY TABLE OF HIV TREATMENT REGIMENS**

PEDIATRIC AND ADULT TREATMENT GUIDELINES  
FOR PEPFAR FOCUS AND NON-FOCUS COUNTRIES

## **AIDS Support and Technical Assistance Resources Project**

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### **Disclaimer**

Please note that AIDSTAR-One has conducted extensive online research and made a concerted effort to contact Ministries of Health or responsible parties to access the most current HIV treatment guidelines. The national guidelines posted here are up-to-date, to the best of the project's knowledge, as of June 2011.

On a semiannual basis, AIDSTAR-One will conduct a review of information available online and revisit contact with Ministries of Health to update this database with the most current treatment guidelines. Should any individuals have knowledge of or access to more recent versions of national guidelines please contact us at [info@aidstar-one.com](mailto:info@aidstar-one.com).

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# ACRONYMS

3TC	lamivudine
ABC	abacavir
ART	antiretroviral therapy
ARV	antiretroviral
ATV/r	atazanavir/ritonavir
AZT	zidovudine
CD4	cluster of differentiation 4
CDC	Centers for Disease Control and Prevention
d4T	stavudine
ddI	didanosine
DRV/r	darunavir/ritonavir
EFV	efavirenz
ENF	enfuvirtide
ETV	etravirine
FPV/r	fosamprenavir/ritonavir
FTC	emtricitabine
HBV	hepatitis B virus
IDV	idinavir
IDV/r	idinavir/ritonavir
LIP	lymphocytic interstitial pneumonia
LPV/r	liponavir/ritonavir
MVC	maraviroc
NFV	nelfinavir
NNRTI	non-nucleoside reverse transcriptase inhibitor
NRTI	nucleoside reverse transcriptase inhibitor
NVP	nevirapine
OHL	oral hairy leukoplakia
PI	protease inhibitor
PI/r	protease inhibitor/ritonavir
PMTCT	prevention of mother-to-child transmission

RAL	raltegravir
RTV	ritonavir
SQV/r	saquinavir/ritonavir
T20	efavirtida
TB	tuberculosis
TDF	tenofovir
TLC	total lymphocyte count
TPV	tipranavir
TPV/r	tipranavir/ritonavir
WHO	World Health Organization

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Argentina	Adults and adolescents 2009	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 350/mm<sup>3</sup>; <b>or</b></li> <li>A history of AIDS-defining illness or clinically significant symptoms suggesting advanced disease.</li> </ul> <p><b>If CD4 count is &gt; 350/mm<sup>3</sup> but &lt; 500/mm<sup>3</sup>, patient should be considered for ART if:</b></p> <ul style="list-style-type: none"> <li>Viral load &gt; 100,000 copies/mL;</li> <li>There is a drop in CD4 count of &gt; 100/mm<sup>3</sup> per year; <b>or</b></li> <li>Patient has co-morbidities including cardiovascular, renal, or hepatic illness and non-AIDS related cancers</li> </ul>	The choice of first line regimen should be individualized based on potential advantages and disadvantages specific to each patient. Refer to the guidelines for further guidance (pg. 7-18).	The choice of second line regimen should be individualized based on potential advantages and disadvantages specific to each patient. Refer to the guidelines for further guidance (pg. 65-73).	_____
	Infants and children 2009	<p><b>All children &lt; 2 years of age</b></p> <p><b>Children 2 to 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>AIDS-defining illness or clinically significant symptoms (CDC Category B or C);</li> <li>CD4% &lt; 25%; <b>or</b></li> <li>CD4% &gt; 25% but viral load &gt; 100,000 copies/mL</li> </ul> <p><b>Children &gt; 5 years of age* with:</b></p> <ul style="list-style-type: none"> <li>AIDS-defining illness;</li> <li>Clinically significant symptoms (CDC Category B or C); <b>or</b></li> <li>CD4 &lt; 350/mm<sup>3</sup></li> </ul> <p><i>*Consider starting treatment when child is asymptomatic or has mild clinical symptoms.</i></p>	<p><b>PI-based regimens:</b></p> <p>2 NRTIs + LPV/r</p> <p><b>Alternative:</b></p> <p><b>&lt; 6 years of age:</b></p> <p>2 NRTIs + NFV</p> <p><b>&gt; 6 years of age:</b></p> <p>2 NRTIs + FPV/r <b>or</b> ATV/r</p> <p>-----</p> <p><b>NNRTI-based regimens:</b></p> <p><b>Children &lt; 3 years of age:</b></p> <p>2 NRTIs + NVP</p> <p><b>Children &gt; 3 years of age:</b></p> <p>2 NRTIs + EFV</p> <p><b>Alternative :</b></p> <p>2 NRTIs + NVP</p>	<p><b>For treatment failure with PI regimens:</b></p> <p>2 new NRTIs + PI/r <b>or</b> NNRTI + NNRTI</p> <p>-----</p> <p><b>For treatment failure with NNRTI regimens:</b></p> <p>2 new NRTIs + PI/r (<b>or</b> NNRTI)</p>	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Bhutan	Infants and children 2008	<p><b>Children &lt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>CD4% &lt; 25% (1500/mm<sup>3</sup>);</li> <li>TLC &lt; 3400/mm<sup>3</sup>; <b>or</b></li> <li>WHO pediatric clinical stage 3 or 4</li> </ul> <p><b>Children 18 months to 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4% &lt; 15% (500/mm<sup>3</sup>);</li> <li>TLC &lt; 2300/mm<sup>3</sup>; <b>or</b></li> <li>WHO pediatric clinical stage 3 or 4</li> </ul> <p><b>Children &gt; 5 years or age with:</b></p> <ul style="list-style-type: none"> <li>CD4% &lt; 15% (200/mm<sup>3</sup>);</li> <li>TLC &lt; 1200/mm<sup>3</sup>; <b>or</b></li> <li>WHO pediatric clinical stage 3 or 4</li> </ul>	AZT + 3TC + EFV <b>or</b> NVP	d4T + 3TC + EFV <b>or</b> NVP	_____
Bolivia	Adults 2009	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>WHO clinical stage 1, 2 or 3 with CD4 count &lt; 500/mm<sup>3</sup>; <b>or</b></li> <li>WHO clinical stage 4</li> </ul>	<p>AZT <b>or</b> d4T* + 3TC + NVP <b>or</b> EFV</p> <p><i>*Limit the use only in the case of AZT toxicity</i></p> <p>-----</p> <p>AZT + 3TC + ddl</p>	<p>3TC <b>or</b> AZT + ddl + IDV/r <b>or</b> LPV/r</p> <p>-----</p> <p>TDF + 3TC + IDV/r <b>or</b> LPV/r</p>	_____
Botswana	Adults 2008	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 250/mm<sup>3</sup>; <b>or</b></li> <li>WHO clinical stage 3 or 4</li> </ul>	TDF + FTC <b>or</b> 3TC + EFV <b>or</b> NVP	AZT + 3TC + LPV/r	DRV/r + RAL
	Infants and children 2008	<p><b>All infants (&lt; 12 months of age)</b></p> <p><b>Children &lt; 5 years of age:</b> Based on age-related CD4% according to WHO</p> <p><b>Children &gt; 5 years of age with:</b> WHO pediatric clinical stage 3 or 4</p>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV <b>or</b> LPV/r	ABC + d4T + LPV/r	_____
Brazil	Adults 2008	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>;</li> <li>A history of AIDS-defining illness or clinically significant symptoms suggesting advanced disease; <b>or</b></li> <li>CD4 count &gt; 200/mm<sup>3</sup> and &lt; 350/mm<sup>3</sup> with viral load &gt;100,000 copies/mL</li> </ul>	AZT + 3TC + EFV <b>or</b> LPV/r	ddl <b>or</b> TDF + 3TC + NVP <b>or</b> ATV/r	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Cambodia	Adults and adolescents 2007	<p><b>Patients must fulfill psychosocial criteria to initiate ART.</b></p> <p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 250/mm<sup>3</sup>; <b>or</b></li> <li>• WHO clinical stage 4 (defer ART if patient is co-infected with extra-pulmonary TB and CD4 count &gt; 250/mm<sup>3</sup>)</li> </ul>	<p>d4T + 3TC + NVP</p> <p>For alternative first-line regimens for special cases, refer to Table 4 on page 12 of the guidelines.</p>	<p>TDF + 3TC + LPV/r</p> <p>-----</p> <p>ddl + 3TC + LPV/r</p>	-----
Chile	Adults (≥ 18 years of age) 2005	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>• A history of CDC Category C illness, with the exception of pulmonary TB</li> </ul> <p><b>All patients with CD4 count &gt; 200/mm<sup>3</sup> and &lt; 250/mm<sup>3</sup> with one or more of the following:</b></p> <ul style="list-style-type: none"> <li>• CDC Category B illness;</li> <li>• CD4 decrease of 20/mm<sup>3</sup> per month; <b>or</b></li> <li>• Viral load of &gt; 100,000 copies/mL</li> </ul>	<p>AZT <b>or</b> ddl + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>AZT <b>or</b> ddl + 3TC + LPV/r</p>	<p>ABC + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>ABC + 3TC + LPV/r</p> <p>-----</p> <p>ABC <b>or</b> AZT + 3TC + ATV/r</p>	-----
	Infants and children 2005	<p><b>Infants &lt; 3 months of age with:</b></p> <ul style="list-style-type: none"> <li>• Confirmed HIV infection, except CDC Category N or A with high CD4 count and low viral load</li> </ul> <p><b>Infants 3 to 12 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CDC Category C;</li> <li>• WHO pediatric clinical stage 3; <b>or</b></li> <li>• CDC Category B2 if viral load is high and CD4% &lt; 25%</li> </ul> <p><b>Children 1 to 3 years of age with:</b></p> <ul style="list-style-type: none"> <li>• CDC Category C;</li> <li>• WHO pediatric clinical stage 3; <b>or</b></li> <li>• CDC Category B2 if viral load is high and CD4% &lt; 20%</li> </ul> <p><b>Children &gt; 3 years of age with:</b></p> <ul style="list-style-type: none"> <li>• CDC Category C;</li> <li>• WHO pediatric clinical stage 3; <b>or</b></li> <li>• CDC Category B2 if viral load is high and CD4 count is risky</li> </ul>	<p><b>Children &lt; 3 years of age:</b></p> <p>AZT <b>or</b> d4T <b>or</b> ABC + 3TC + NVP <b>or</b> NFV <b>or</b> LPV/r</p> <p>-----</p> <p>AZT + ddl + NVP <b>or</b> NFV <b>or</b> LPV/r</p> <p><b>Children &gt; 3 years of age:</b></p> <p>AZT <b>or</b> d4T <b>or</b> ABC + 3TC + EFV <b>or</b> NFV <b>or</b> LPV/r</p> <p>-----</p> <p>AZT + ddl + EFV <b>or</b> NFV <b>or</b> LPV/r</p>	-----	-----

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Colombia	Adults 2005	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>HIV-related symptoms</li> </ul> <p><b>Consider treating patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 250/mm<sup>3</sup>; <b>or</b></li> <li>CD4 count &gt; 250/mm<sup>3</sup> and &lt; 350/mm<sup>3</sup> with a viral load &gt; 100,000 copies/mL</li> </ul>	<p>AZT <b>or</b> d4T <b>or</b> ddl <b>or</b> ABC + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>AZT + 3TC + FPV/r <b>or</b> SQV/r <b>or</b> LPV/r <b>or</b> ATV/r</p>	<p>ABC + ddl + EFV <b>or</b> NVP</p> <p>-----</p> <p>ABC + ddl + FPV/r <b>or</b> SQV/r <b>or</b> LPV/r <b>or</b> ATV/r</p> <p>-----</p> <p>AZT <b>or</b> d4T + ABC + FPV/r <b>or</b> SQV/r <b>or</b> LPV/r <b>or</b> ATV/r</p> <p>-----</p> <p>AZT <b>or</b> d4T + ABC + EFV <b>or</b> NVP</p> <p>-----</p> <p>3TC + ABC + EFV <b>or</b> NVP</p> <p>-----</p> <p>3TC + ABC + FPV/r <b>or</b> SQV/r <b>or</b> LPV/r <b>or</b> ATV/r</p> <p>-----</p> <p>3TC + d4T <b>or</b> ddl + EFV <b>or</b> NVP + LPV/r</p>	-----
Côte d'Ivoire	Adults 2005	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>;</li> <li>CD4 count &lt; 350/mm<sup>3</sup> and CDC Category B; <b>or</b></li> <li>WHO clinical stage 2, 3 or 4, or CDC Category C</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC <b>or</b> TDF + ddl + LPV/r <b>or</b> SQV/r <b>or</b> IDV/r	Refer to specialized hospital
	Infants and children 2005	<p><b>Children &lt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3 or CDC Category C irrespective of CD4%;</li> <li><b>or</b></li> <li>WHO pediatric clinical stage 1 or 2 with CD4% &lt; 20%</li> </ul> <p><b>Children &gt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>CD4% &lt; 15%; <b>or</b></li> <li>WHO pediatric clinical stage 3 or CDC Category C</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC + ddl + LPV/r	Refer to specialized hospital

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Cuba	Adults 2009	<p><b>All patients with CD4 count &lt; 350/mm<sup>3</sup></b></p> <p><b>Patients with special conditions, including:</b></p> <ul style="list-style-type: none"> <li>• Viral load &gt; 55,000 copies/mL</li> <li>• Co-morbidities such as hepatitis B or C, cirrhosis of the liver, or cancer</li> <li>• Age &gt; 55 years of age</li> </ul>	AZT <i>or</i> d4T + 3TC <i>or</i> ddl + NVP <i>or</i> IDV	Refer to the guidelines for further guidance (pg. 18)	_____
Democratic Republic of Congo	Adults 2005	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 200/mm<sup>3</sup>;</li> <li>• WHO clinical stage 4; <i>or</i></li> <li>• CD4 count &lt; 350/mm<sup>3</sup> at WHO clinical stage 3</li> </ul>	d4T <i>or</i> AZT + 3TC + NVP <i>or</i> EFV	ABC + ddl + LPV/r	_____
	Infants and children 2005	<p><b>Children &lt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>• WHO pediatric clinical stage 3 irrespective of CD4%;</li> <li>• WHO pediatric clinical stage 1 or 2 with CD4% &lt; 20%</li> </ul> <p><b>Children &gt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>• WHO pediatric clinical stage 3 irrespective of CD4%;</li> <li>• WHO pediatric clinical stage 1 or 2 with CD4% &lt; 15%</li> </ul>	<p><b>Children &lt; 3 years of age:</b></p> <p>AZT + 3TC + NVP</p> <p><b>Children &gt; 3 years of age:</b></p> <p>d4T + 3TC + NVP</p>	ABC + ddl + NFV	_____
Djibouti	Adults and adolescents 2008	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 350/mm<sup>3</sup>; <i>or</i></li> <li>• WHO clinical stage 4; <i>or</i></li> <li>• WHO clinical stage 3 when CD4 testing is not available</li> </ul>	<p>AZT + 3TC + EFV <i>or</i> NVP</p> <p>-----</p> <p>d4T + 3TC + EFV</p> <p><b>Alternative:</b></p> <p>AZT + 3TC + ABC</p> <p>-----</p> <p>AZT <i>or</i> d4T + 3TC + LPV/r <i>or</i> NFV <i>or</i> SQV/r</p>	<p>ddl <i>or</i> TDF + ABC + LPV/r <i>or</i> NFV <i>or</i> SQV/r</p> <p>-----</p> <p>TDF + 3TC (± AZT) + LPV/r <i>or</i> NFV <i>or</i> SQV/r</p> <p>-----</p> <p>EFV <i>or</i> NVP ± ddl + LPV/r <i>or</i> NFV <i>or</i> SQV/r</p>	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Dominican Republic	<b>Adults 2004</b>	<b>All patients with:</b> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup> and WHO clinical stage 1, 2 or 3;</li> <li>WHO clinical stage 4;</li> <li>Rapid CD4 decline (&gt; 20/mm<sup>3</sup>/month) and viral load &gt; 100,000 copies/mL; <b>or</b></li> <li>WHO clinical stage 2 or 3 and TLC &lt; 1200/mm<sup>3</sup></li> </ul>	AZT + 3TC + EFV <b>or</b> NVP	AZT + 3TC + IDV/r	Use of four or more ARVs. See guidelines for further guidance (pg. 64-67).
	<b>Infants and children (&lt; 13 years of age) 2004</b>	<b>Children &lt; 18 months of age with:</b> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3; <b>or</b></li> <li>WHO pediatric clinical stage 1 or 2 and CD4% &lt; 20%</li> </ul> <b>Children &gt; 18 months and &lt; 13 years of age with:</b> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3; <b>or</b></li> <li>WHO pediatric clinical stage 1 or 2 and CD4% &lt; 15%</li> </ul>	<b>Children weighing &lt; 10 kg:</b>  AZT + 3TC + NVP  <b>Children weighing &gt; 10 kg:</b>  AZT + 3TC + EFV	AZT + 3TC + LPV/r	_____
Ecuador	<b>Adults and adolescents 2007</b>	<b>All patients with:</b> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>;</li> <li>AIDS-defining illness or CDC Category B or C symptoms; <b>or</b></li> <li>CD4 count &gt; 200/mm<sup>3</sup> but &lt; 350/mm<sup>3</sup> with a viral load &gt; 100,000 copies/mL</li> </ul>	AZT <b>or</b> ddI <b>or</b> ABC <b>or</b> d4T + 3TC + EFV ----- AZT <b>or</b> d4T + 3TC + NVP ----- AZT + 3TC + SQV/r <b>or</b> LPV/r <b>or</b> ATV/r ----- TDF + FTC + NNRTI <b>or</b> PI	Refer to the guidelines for further guidance (pg. 42-43)	_____
El Salvador	<b>Adults (&gt; 13 years) 2005</b>	<b>Evaluate the following:</b> <ol style="list-style-type: none"> <li>Presence of symptoms associated with HIV</li> <li>Diagnostic confirmation with 2 ELISA tests and other confirmatory tests as required by diagnostic algorithm in use</li> <li>A low CD4 count according to international standards</li> <li>A high viral load according to international standards</li> <li>A psychosocial assessment approved by the institutional committee</li> </ol>	AZT + 3TC + IDV/r <b>or</b> EFV <b>or</b> NVP	d4T (for those with anemia) + 3TC + IDV/r <b>or</b> EFV <b>or</b> NVP ----- AZT + ddI + IDV/r <b>or</b> EFV <b>or</b> NVP	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
El Salvador	Infants and children 2005	<p><b>All children should get a psychosocial evaluation approved by the Institutional Committee.</b></p> <p><b>Infants (&lt; 12 months of age) of infected mothers independent of immunological state and viral load, especially those with:</b></p> <ul style="list-style-type: none"> <li>• Clinical evidence of HIV infection (CDC Category B or C)</li> <li>• Clinical evidence of immunosuppression (WHO pediatric clinical stage 2 or 3)</li> <li>• Viral load &gt; 300,000 copies/mL</li> </ul> <p><b>Children 1 to 3 years of age with:</b></p> <ul style="list-style-type: none"> <li>• Clinical evidence of HIV infection (CDC Category B or C);</li> <li>• Clinical evidence of immunosuppression (WHO pediatric clinical stage 2 or 3);</li> <li>• Viral load &gt; 100,000 copies/mL; <b>or</b></li> <li>• Drop in a Category based on a decrease in CD4 count or percent within a 3-6 month period</li> </ul> <p><b>Children 3 to 13 years of age with:</b></p> <ul style="list-style-type: none"> <li>• Clinical evidence of HIV infection (CDC Category B or C);</li> <li>• Clinical evidence of immunosuppression (WHO pediatric clinical stage 2 or 3);</li> <li>• Viral load &gt; 20,000 copies/mL; <b>or</b></li> <li>• Drop in a Category based on a decrease in CD4 count or percent within a 3-6 month period</li> </ul>	<p>AZT + 3TC + NVP (&lt;3 years of age) <b>or</b> EFV (&gt; 3 years of age) <b>or</b> NFV <b>or</b> RTV <b>or</b> LPV/r</p> <p>-----</p> <p>AZT + ddl + NVP (&lt;3 years of age) <b>or</b> EFV (&gt; 3 years of age) <b>or</b> NFV <b>or</b> RTV <b>or</b> LPV/r</p> <p>-----</p> <p>d4T + ddl + NVP (&lt;3 years of age) <b>or</b> EFV (&gt; 3 years of age) <b>or</b> NFV <b>or</b> RTV <b>or</b> LPV/r</p>	<p>AZT <b>or</b> d4T + ddl <b>or</b> 3TC + LPV/r <b>or</b> NFV <b>or</b> RTV <b>or</b> NVP <b>or</b> IDV/r <b>or</b> SQV/r</p>	<p>Patients must visit a specialized health center.</p>

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Ethiopia	Adults 2008	<b>All patients with:</b> <ul style="list-style-type: none"> <li>• CD4 count &lt; 200/mm<sup>3</sup>;</li> <li>• WHO clinical stage 4; <b>or</b></li> <li>• CD4 count &lt; 350/mm<sup>3</sup> at WHO clinical stage 3</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV ----- ABC + 3TC + AZT	ABC + 3TC + LPV/r <b>or</b> ATV/r ----- AZT + ABC + LPV/r <b>or</b> ATV/r ----- TDF + 3TC + LPV/r <b>or</b> ATV/r ----- ABC + ddl + LPV/r ----- EFV <b>or</b> NVP + LPV/r <b>or</b> ATV/r	_____
	Infants and children 2008	<b>All infants (&lt; 12 months of age)</b>  <b>Children from 1 to 5 years of age with:</b> <ul style="list-style-type: none"> <li>• WHO pediatric clinical stage 3 or 4; <b>or</b></li> <li>• WHO pediatric clinical stage 1 or 2 at CD4% &lt; 20%</li> </ul> <b>Children &gt;5 years of age with:</b> <ul style="list-style-type: none"> <li>• CD4% &lt; 15%</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV <b>or</b> LPV/r	ABC + ddl + LPV/r <b>or</b> NFV	_____
Ghana	Adults 2005	<b>All patients with:</b> <ul style="list-style-type: none"> <li>• CD4 count &lt; 250/mm<sup>3</sup>; <b>or</b></li> <li>• WHO clinical stage 3 or 4</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC + ddl + LPV/r <b>or</b> SQV/r <b>or</b> NFV	_____
	Infants and Children 2005	<b>Children &lt; 18 months of age with:</b> <ul style="list-style-type: none"> <li>• WHO pediatric clinical stage 3 or 4 irrespective of CD4%; <b>or</b></li> <li>• WHO pediatric clinical stage 2 with CD4% &lt; 20%</li> </ul> <b>Children &gt; 18 months of age with:</b> <ul style="list-style-type: none"> <li>• WHO pediatric clinical stage 3 or 4 irrespective of CD4%; <b>or</b></li> <li>• CD4% &lt; 15%</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC + ddl + SQV/r <b>or</b> NFV	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Guatemala	Adults 2006	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>AIDS defining illness;</li> <li>CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>WHO clinical stage 3 or 4</li> </ul> <p><b>Consider treatment if:</b></p> <ul style="list-style-type: none"> <li>CD4 count &gt; 200 and &lt; 350/mm<sup>3</sup>;</li> <li>There is a 30% decline from previous to current CD4 count;</li> <li>Presence of HIV-related symptoms (e.g. weight loss &gt; 10%, diarrhea or fever &gt; one month);</li> <li>WHO clinical stage 2; <b>or</b></li> <li>TLC &lt; 1250/mm<sup>3</sup></li> </ul>	<p>d4T + 3TC + NVP <b>or</b> EFV</p> <p>-----</p> <p>AZT + 3TC + EFV <b>or</b> NVP</p>	<p>AZT + ddl + IDV/r <b>or</b> LPV/r <b>or</b> NFV <b>or</b> SQV/r</p> <p>-----</p> <p>d4T + ddl + LPV/r <b>or</b> IDV/r <b>or</b> NFV <b>or</b> SQV/r</p> <p>-----</p> <p>AZT + ddl + EFV</p> <p>-----</p> <p>d4T + ddl + EFV</p>	These must be decided on an individual basis at Tertiary Care Centers.
	Adolescents 2006	The Tanner scale, which categorizes stages of physical development, is used to determine how treatment should be managed in adolescents. Refer to the guidelines for further guidance (pg. 58-59).			
	Infants and children 2006	<p><b>All infants (&lt; 12 months of age) with:</b></p> <ul style="list-style-type: none"> <li>CD4% &lt; 20%;</li> <li>CDC Category B or C;</li> <li>WHO pediatric clinical stage 2 or 3; <b>or</b></li> <li>HIV-related clinical symptoms</li> </ul> <p><b>Children &gt; 12 months of age with:</b></p> <ul style="list-style-type: none"> <li>CDC Category B or C or CD4% &lt; 25%; <b>or</b></li> <li>No clinical symptoms and no immunosuppression with viral load &gt; 100,000 copies/mL</li> </ul>	<p><b>Infants (&lt;12 months of age):</b></p> <p>AZT + 3TC + NFV <b>or</b> NVP <b>or</b> LPV/r</p> <p><b>Children &gt; 12 months of age:</b></p> <p>(if &lt; 3 years of age and weighing &lt; 10 kg)</p> <p>AZT + 3TC + NVP <b>or</b> NFV</p> <p>(if &gt; 3 years of age and weighing &gt; 10 kg)</p> <p>AZT + 3TC + EFV</p>	<p>d4T + ddl + LPV/r <b>or</b> NFV</p> <p>-----</p> <p>ABC + ddl + LPV/r <b>or</b> NFV</p>	If deterioration and disease progression continue or growth delays persist despite adequate nutritional support, the child must be evaluated by a specialist for consideration of another regimen change.
Guyana	Adults 2006	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 350/mm<sup>3</sup> irrespective of WHO or CDC staging; <b>or</b></li> <li>WHO clinical stage 3 or 4 or CDC stage B or C (symptomatic disease) irrespective of CD4 count</li> </ul>	<p>d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV</p> <p>-----</p> <p>TDF + FTC <b>or</b> 3TC + NVP</p>	<p>TDF + FTC <b>or</b> 3TC + LPV/r</p> <p>-----</p> <p>TDF + AZT + FTC <b>or</b> 3TC + LPV/r</p>	

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Guyana	Infants and children 2006	<p><b>Infants &lt; 12 months of age with:</b></p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3 or 4 irrespective of CD4%; <b>or</b></li> <li>WHO pediatric clinical stage 1 or 2 with CD4% &lt; 25%</li> </ul> <p><b>Children from 1 to 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3 or 4 irrespective of CD4%; <b>or</b></li> <li>WHO pediatric clinical stage 1 or 2 with CD4% &lt; 20%</li> </ul> <p><b>Children &gt; 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3 or 4 irrespective of CD4 count or %; <b>or</b></li> <li>CD4 count &lt; 350/mm<sup>3</sup></li> </ul>	AZT + 3TC + NVP <b>or</b> EFV	ABC + ddl + LPV/r	_____
Haiti	Adults and adolescents 2008	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>WHO clinical stage 3 or 4</li> </ul> <p><b>Those with a CD4 count &gt; 200/mm<sup>3</sup> but &lt; 350/mm<sup>3</sup> may be considered for treatment</b></p>	<p>TDF + FTC + EFV <b>or</b> NVP</p> <p>-----</p> <p>AZT <b>or</b> d4T + 3TC + EFV <b>or</b> NVP</p>	<p>AZT + 3TC + LPV/r</p> <p>-----</p> <p>TDF + FTC + LPV/r</p>	_____
India	Adults and adolescents 2007	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>WHO clinical stage 4</li> </ul> <p><b>Those with a CD4 count &gt; 200/mm<sup>3</sup> but &lt; 350/mm<sup>3</sup> at WHO clinical stage 3 may be considered for treatment</b></p>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC + ddl + LPV/r <b>or</b> SQV/r <b>or</b> NFV	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
India	Infants and children 2006	<p><b>Clinical Markers</b>  <b>Infants &lt; 12 months of age with:</b></p> <ul style="list-style-type: none"> <li>• WHO pediatric clinical stage 3 or 4</li> </ul> <p><b>Children &gt; 12 months of age with:</b></p> <ul style="list-style-type: none"> <li>• WHO pediatric clinical stage 4; <b>or</b></li> <li>• WHO pediatric clinical stage 3, but use CD4 as a guide for children with TB, LIP, OHL or thrombocytopenia</li> </ul> <p><b>Immunological Markers</b>  <b>Infants &lt; 11 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 1500/mm<sup>3</sup> (25%)</li> </ul> <p><b>Children 12 to 35 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 7500/mm<sup>3</sup> (20%)</li> </ul> <p><b>Children 36 to 59 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 350/mm<sup>3</sup> (15%)</li> </ul> <p><b>Children &gt; 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>• CD4 count &lt; 350/mm<sup>3</sup> at WHO pediatric clinical stage 3</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ddl + ABC <b>or</b> AZT <b>or</b> EFV <b>or</b> NVP + LPV/r <b>or</b> SQV/r <b>or</b> NFV	_____
Kenya	Adults and adolescents 2005	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 200/mm<sup>3</sup>;</li> <li>• WHO clinical stage 4; <b>or</b></li> <li>• CD4 count &lt; 350/mm<sup>3</sup> at WHO clinical stage 3</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC + ddl + LPV/r <b>or</b> SQV/r <b>or</b> NFV	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Kenya	Infants and children 2005	<p><b>Children &lt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>• WHO pediatric clinical stage 3 irrespective of CD4%; <b>or</b></li> <li>• WHO pediatric clinical stage 1 or 2 with CD4% &lt; 20%</li> </ul> <p><b>Children &gt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% &lt; 15%; <b>or</b></li> <li>• WHO pediatric clinical stage 3</li> </ul>	<p><b>Children not exposed previously to NVP for PMTCT</b></p> <p>Children &lt; 3 years of age, weighing &lt; 10 kg:</p> <p style="text-align: center;">AZT + 3TC + NVP</p> <p>Children &gt; 3 years of age, weighing &gt; 10 kg:</p> <p style="text-align: center;">AZT + 3TC + NVP <b>or</b> EFV</p> <p>-----</p> <p><b>Children previously exposed to NVP for PMTCT</b></p> <p>All ages:</p> <p style="text-align: center;">AZT + 3TC + LPV/r</p>	ABC + ddl + LPV/r	_____
Liberia	Adults and adolescents 2007	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>• WHO clinical stage 4; <b>or</b></li> <li>• WHO clinical stage 2 <b>and</b> CD4 count &lt; 200/mm<sup>3</sup> <b>or</b> TLC &lt; 1200/mm<sup>3</sup>; <b>or</b></li> <li>• WHO clinical stage 3 <b>and</b> CD4 count &lt; 350/mm<sup>3</sup></li> </ul>	<p>AZT + 3TC + NVP <b>or</b> EFV</p> <p>-----</p> <p>TDF + 3TC + NVP <b>or</b> EFV</p> <p>-----</p> <p>d4T + 3TC + NVP <b>or</b> EFV</p>	<p>TDF <b>or</b> AZT + 3TC + LPV/r <b>or</b> ATV/r <b>or</b> NFV</p> <p>-----</p> <p>ABC + ddl + LPV/r <b>or</b> ATV/r <b>or</b> NFV</p>	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Liberia	Infants and children 2007	<p><b>All infants and children with:</b></p> <ul style="list-style-type: none"> <li>• WHO pediatric clinical stage 3 or 4</li> </ul> <p><b>Infants &lt; 11 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% &lt; 25% (CD4 count &lt; 1500/mm<sup>3</sup>); <b>or</b></li> <li>• WHO pediatric clinical stage 2 <b>and</b> TLC &lt; 4,000/mm<sup>3</sup></li> </ul> <p><b>Children 12 to 35 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% &lt; 20% (CD4 count &lt; 750/mm<sup>3</sup>); <b>or</b></li> <li>• WHO pediatric clinical stage 2 <b>and</b> TLC &lt; 3,000/mm<sup>3</sup></li> </ul> <p><b>Children 36 to 59 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% &lt; 15% (CD4 count &lt; 350/mm<sup>3</sup>); <b>or</b></li> <li>• WHO pediatric clinical stage 2 <b>and</b> TLC &lt; 2,500/mm<sup>3</sup></li> </ul> <p><b>Children ≥ 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% &lt; 15% (CD4 count &lt; 200/mm<sup>3</sup>); <b>or</b></li> <li>• WHO pediatric clinical stage 2 <b>and</b> TLC &lt; 2,000/mm<sup>3</sup></li> </ul>	<p><b>Children &lt; 3 kg:</b></p> <p style="text-align: center;">AZT + 3TC + NVP -----</p> <p><b>Children &gt; 3 kg:</b></p> <p style="text-align: center;">d4T + 3TC +NVP</p>	ABC + ddl + LPV/r <b>or</b> NFV	_____
Malawi	Adults and adolescents 2008	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 250/mm<sup>3</sup>;</li> <li>• WHO clinical stage 3 or 4; <b>or</b></li> <li>• TLC &lt; 1200/mm<sup>3</sup> at WHO clinical stage 3</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	AZT + 3TC + TDF + LPV/r	_____
	Infants and children 2008	<p><b>Children &lt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>• WHO pediatric clinical stage 4; <b>or</b></li> <li>• Two or more of: oral candidiasis, severe pneumonia, severe sepsis</li> </ul> <p><b>Children &gt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% &lt; 15%; <b>or</b></li> <li>• WHO pediatric clinical stage 3 or 4</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC + ddl + LPV/r	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Mexico	Adults (>13 years of age) 2009	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 350/mm<sup>3</sup>; <b>or</b></li> <li>AIDS-defining illness, severe opportunistic infections, chronic active hepatitis B or nephropathy</li> </ul> <p><b>Treatment is optional for patients with CD4 count between 350/mm<sup>3</sup> and 500/mm<sup>3</sup> with:</b></p> <ul style="list-style-type: none"> <li>Viral load &gt; 100,000 copies/mL;</li> <li>Annual CD4 count decline of 50-100/mm<sup>3</sup>;</li> <li>Patient age &gt; 55 years of age; <b>or</b></li> <li>Co-infection with hepatitis C</li> </ul>	<p>TDF + FTC + EFV <b>or</b> ATV/r <b>or</b> FPV/r <b>or</b> LPV/r <b>or</b> SQV/r</p> <p>-----</p> <p>ABC + 3TC + EFV <b>or</b> ATV/r <b>or</b> FPV/r <b>or</b> LPV/r <b>or</b> SQV/r</p>	<p>AZT <b>or</b> TDF + ABC + ddl + EFV <b>or</b> ATV/r <b>or</b> FPV/r <b>or</b> LPV/r <b>or</b> SQV/r <b>or</b> DRV/r <b>or</b> TPV/r</p> <p>-----</p> <p>TDF + AZT <b>or</b> 3TC <b>or</b> FTC + EFV <b>or</b> ATV/r <b>or</b> FPV/r <b>or</b> LPV/r <b>or</b> SQV/r <b>or</b> DRV/r <b>or</b> TPV/r</p> <p>-----</p> <p>ABC + ddl <b>or</b> 3TC <b>or</b> FTC + EFV <b>or</b> ATV/r <b>or</b> FPV/r <b>or</b> LPV/r <b>or</b> SQV/r <b>or</b> DRV/r <b>or</b> TPV/r</p>	MVC, RAL, ENF. See guidelines for further guidance (pg. 22-27).
	Infants and children (< 13 years of age) 2009	<p><b>Infants (&lt; 12 months of age) with:</b></p> <ul style="list-style-type: none"> <li>CDC Category A, B or C; <b>or</b></li> <li>Evidence of immunosuppression</li> </ul> <p><b>All children 1 to 13 years of age with:</b></p> <ul style="list-style-type: none"> <li>CDC Category C;</li> <li>CDC Category N, A, or B with a single episode of severe bacterial infection or lymphocytic interstitial pneumonitis</li> <li>CDC Category B and viral load &gt; 100,000 copies/mL</li> </ul>	<p><b>Infants (&lt; 1 year of age):</b></p> <p>2 NRTIs + NFV <b>or</b> LPV/r* <b>or</b> RTV</p> <p><i>*Not in infants &lt; 6 months</i></p> <p>-----</p> <p>2 NRTIs + NVP</p> <p><b>Children 1 to 13 years of age:</b></p> <p>AZT + 3TC <b>or</b> ddl + LPV/r <b>or</b> RTV <b>or</b> NFV</p> <p>-----</p> <p>d4T + 3TC <b>or</b> FTC + LPV/r <b>or</b> RTV <b>or</b> NFV</p>	<p>TDF + ABC + LPV/r <b>or</b> RTV <b>or</b> NFV</p> <p>-----</p> <p>ABC <b>or</b> AZT <b>or</b> d4T* + 3TC <b>or</b> FTC <b>or</b> ddl + LPV/r <b>or</b> RTV <b>or</b> NFV</p> <p><i>*In case of toxicity to AZT</i></p>	_____
Mozambique	Adults and adolescents 2006	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup> at WHO clinical stage 1 or 2</li> <li>CD4 count &lt; 350/mm<sup>3</sup> at WHO clinical stage 3; <b>or</b></li> <li>WHO clinical stage 4</li> </ul>	d4T <b>or</b> AZT <b>or</b> ddl + 3TC + NVP	AZT <b>or</b> d4T + ddl + NFV	_____
Namibia	Adults and adolescents 2003	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>WHO clinical stage 4</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	d4T <b>or</b> AZT + 3TC <b>or</b> ddl + LPV/r <b>or</b> IDV/r	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Namibia	Infants and children 2003	<p><b>Children &lt; 8 years of age with:</b></p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3 irrespective of CD4%; <b>or</b></li> <li>WHO pediatric clinical stage 1 or 2 with CD4% &lt; 20%</li> </ul> <p><b>Children &gt; 8 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup></li> </ul>	AZT + 3TC + NVP	ddl + d4T + LPV/r	_____
Nepal	Adults 2003	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>;</li> <li>WHO clinical stage 4; <b>or</b></li> <li>TLC &lt; 1200/mm<sup>3</sup> at WHO clinical stage 2 or 3</li> </ul>	AZT + 3TC + EFV <b>or</b> NVP	PI/r (IDV/r, LPV/r, SQV/r) + d4T + ddl	_____
	Infants and children 2003	<p><b>Children &lt; 18 months of age</b></p> <p><b>With positive virologic test and:</b></p> <ul style="list-style-type: none"> <li>CD4% &lt; 20% at WHO pediatric clinical stage 1 or 2; <b>or</b></li> <li>WHO pediatric clinical stage 3</li> </ul> <p><b>With no virologic test and:</b></p> <ul style="list-style-type: none"> <li>CD4% &lt; 20% at WHO pediatric clinical stage 3</li> </ul> <p><b>Children ≥ 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>CD4% &lt; 15% at WHO pediatric clinical stage 1 or 2; <b>or</b></li> <li>WHO pediatric clinical stage 3</li> </ul>	<p>AZT + 3TC + NVP (or EFV if child is ≥ 3 years of age or ≥ 10kg)</p> <p>-----</p> <p><b>Preferred if concomitant anti-tuberculosis therapy is being received:</b></p> <p>AZT + 3TC + ABC</p>	<p>d4T + ddl + LPV/r <b>or</b> NFV</p> <p>-----</p> <p>d4T + ddl + LPV/r <b>or</b> NFV <b>or</b> NVP (or EFV if child is ≥ 3 years of age or ≥ 10kg)</p>	_____
Nicaragua	Adults 2009	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 350/mm<sup>3</sup>;</li> <li>AIDS-defining illness or symptoms of advanced disease (CDC Category B or C), hepatitis B or HIV-associated nephropathy; <b>or</b></li> <li>CD4 count &gt; 350/mm<sup>3</sup> and viral load &gt; 100,000 copies/mL</li> </ul>	<p><b>CD4 count &gt; 200/mm<sup>3</sup>:</b></p> <p>AZT + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>TDF + FTC <b>or</b> 3TC + EFV <b>or</b> NVP</p> <p><b>CD4 count &lt; 200/mm<sup>3</sup>:</b></p> <p>AZT + 3TC + LPV/r</p> <p>-----</p> <p>TDF + FTC + LPV/r</p>	<p><b>CD4 count &gt; 200/mm<sup>3</sup>:</b></p> <p>ABC <b>or</b> ddl + 3TC <b>or</b> FTC + LPV/r <b>or</b> ATV/r <b>or</b> SQV/r <b>or</b> DRV/r</p> <p><b>CD4 count &lt; 200/mm<sup>3</sup>:</b></p> <p>ABC <b>or</b> ddl + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>ABC <b>or</b> ddl + 3TC + ATV/r <b>or</b> SQV/r <b>or</b> DRV/r</p>	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Nigeria	Adults and adolescents 2007	<b>All patients with:</b> <ul style="list-style-type: none"> <li>• CD4 count &lt; 200/mm<sup>3</sup> at WHO clinical stage 1 or 2;</li> <li>• WHO clinical stage 4; <b>or</b></li> <li>• CD4 count &lt; 350/mm<sup>3</sup> at WHO clinical stage 3</li> </ul>	AZT <b>or</b> TDF + 3TC <b>or</b> FTC + NVP <b>or</b> EFV	TDF <b>or</b> ddl <b>or</b> ABC + 3TC <b>or</b> FTC + LPV/r	_____
	Infants and children 2007	<b>Children &lt; 5 years of age:</b> Follow age-related CD4% according to WHO	AZT <b>or</b> d4T + 3TC <b>or</b> FTC + NVP	ABC <b>or</b> AZT + 3TC + LPV/r <b>or</b> IDV	_____
Pakistan	Adults and adolescents 2005	<b>If CD4 testing is available:</b> <ul style="list-style-type: none"> <li>• CD4 count &lt; 200/mm<sup>3</sup>;</li> <li>• WHO clinical stage 4; <b>or</b></li> <li>• Consider treatment when CD4 count &lt; 350/mm<sup>3</sup> and WHO clinical stage 3</li> </ul> <b>If CD4 testing is not available:</b> <ul style="list-style-type: none"> <li>• TLC &lt; 1200/mm<sup>3</sup> at WHO clinical stage 2; <b>or</b></li> <li>• WHO clinical stage 3 or 4</li> </ul>	AZT + 3TC + NVP	TDF <b>or</b> ABC + ddl + NFV	_____
Panama	Adults and adolescents 2007	<b>All patients with:</b> <ul style="list-style-type: none"> <li>• CD4 count &lt; 350/mm<sup>3</sup>; <b>or</b></li> <li>• AIDS-defining illness or symptoms of advanced disease</li> </ul>	AZT + 3TC + EFV ----- FTC + TDF + EFV ----- ddl <b>or</b> d4T + 3TC + EFV	AZT + 3TC + LPV/r <b>or</b> ATV/r <b>or</b> SQV/r <b>or</b> IDV/r	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Panama	Infants and children ( $< 13$ years of age) 2007	<p><b>All infants (<math>&lt; 12</math> months of age)</b></p> <p><b>Children 1 to 4 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4% <math>&lt; 20\%</math>; <b>or</b></li> <li>AIDS-defining illness or symptoms of advanced disease</li> </ul> <p><b>Children 4 to 12 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4% <math>&lt; 15\%</math>; <b>or</b></li> <li>AIDS-defining illness or symptoms of advanced disease</li> </ul> <p><b>Children 12 to 13 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4 count <math>&lt; 200/mm^3</math>;</li> <li>AIDS-defining illness or symptoms of advanced disease; <b>or</b></li> <li>Consider treatment if CD4 count <math>&gt; 200/mm^3</math> and <math>\leq 350/mm^3</math> with viral load <math>&lt; 100,000</math> copies/mL</li> </ul>	<p><b>Children <math>&lt; 3</math> years of age:</b></p> <p>AZT + 3TC <b>or</b> FTC + LPV/r <b>or</b> NFV</p> <p>-----</p> <p>ddl <b>or</b> d4T + 3TC <b>or</b> FTC + LPV/r <b>or</b> NFV</p> <p><b>Children <math>&gt; 3</math> years of age:</b></p> <p>AZT + 3TC + EFV <b>or</b> LPV/r</p>	_____	_____
Papua New Guinea	Adults and adolescents 2003	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count <math>&lt; 200/mm^3</math>;</li> <li>WHO clinical stage 3 or 4; <b>or</b></li> <li>WHO clinical stage 2 or 3 with TLC <math>&lt; 1200/mm^3</math></li> </ul>	d4T <b>or</b> AZT + 3TC + NVP	ABC + ddl + LPV/r <b>or</b> SQV/r <b>or</b> NFV	_____
	Infants and children 2003	<p><b>Children <math>&lt; 18</math> months of age with:</b></p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3 irrespective of CD4%; <b>or</b></li> <li>WHO pediatric clinical stage 1 or 2 with CD4% <math>&lt; 20\%</math></li> </ul> <p><b>Children <math>&gt; 18</math> months of age with:</b></p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3 irrespective of CD4%; <b>or</b></li> <li>CD4% <math>&lt; 15\%</math></li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC + ddl + LPV/r <b>or</b> SQV/r <b>or</b> NFV	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Paraguay	Adults and adolescents 2009	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>AIDS-defining illness;</li> <li>CD4 count &lt; 350/mm<sup>3</sup>; <b>or</b></li> <li>TLC &lt; 1,200/mm<sup>3</sup></li> </ul> <p><b>Patients with CD4 count &gt; 350/mm<sup>3</sup> should be considered if:</b></p> <ul style="list-style-type: none"> <li>&gt; 55 years of age;</li> <li>Drop in CD4 count of &gt; 120/mm<sup>3</sup> per year;</li> <li>Certain comorbidities exist; <b>or</b></li> <li>Viral load &gt; 100,000 copies/mL</li> </ul>	<p>AZT + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>d4T + 3TC + NVP <b>or</b> EFV</p> <p>-----</p> <p>AZT + 3TC + IDV/r <b>or</b> LPV/r</p> <p>-----</p> <p>d4T + 3TC + IDV/r <b>or</b> LPV/r</p> <p>-----</p> <p>TDF + FTC + LPV/r</p> <p>-----</p> <p>AZT + 3TC + ABC</p>	<p>TDF + FTC + LPV/r ± RAL, MVC <b>or</b> ENF</p> <p>-----</p> <p>TDF + FTC + ETV ± DRV/r <b>or</b> RAL <b>or</b> MVC</p> <p>-----</p> <p>d4T + ddl <b>or</b> 3TC + IDV/r <b>or</b> LPV/r</p> <p>-----</p> <p>TDF + FTC + ETR <b>or</b> EFV ± DRV/r <b>or</b> RAL <b>or</b> MVC</p> <p>-----</p> <p>d4T + ddl <b>or</b> 3TC + IND/r <b>or</b> LPV/r</p>	<p>TDF + FTC + LPV/r ± RAL, MVC <b>or</b> ENF</p> <p>-----</p> <p>TDF + FTC + ETR ± DRV/r <b>or</b> RAL <b>or</b> MVC</p> <p>-----</p> <p>d4T + ddl <b>or</b> 3TC + IND/r <b>or</b> LPV/r</p> <p>-----</p> <p>TDF + FTC + ETR <b>or</b> EFV ± DRV/r <b>or</b> RAL <b>or</b> MVC</p> <p>-----</p> <p>d4T + ddl <b>or</b> 3TC + IND/r <b>or</b> LPV/r</p> <p>-----</p> <p>Resistance testing must be performed. If three fully active drugs cannot be combined, then two fully active drugs combined with other drugs that have some activity can be effective.</p>
Peru	Adults 2005	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CDC Category C;</li> <li>Recurrent oral candidiasis;</li> <li>HIV-related symptoms (fever of unknown origin, involuntary weight loss, diarrhea &gt; 1 month);</li> <li>CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>Viral load &gt; 55,000 copies/mL</li> </ul>	<p>AZT + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>d4T + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>ddl, ABC <b>or</b> TDF are acceptable alternatives</p>	<p>2 new NRTIs + LPV/r <b>or</b> ATV/r <b>or</b> SQV/r</p>	<p>-----</p>
Philippines	Adults and adolescents 2009	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>WHO clinical stage 3 and 4</li> </ul> <p><b>Those with a CD4 count &gt; 200/mm<sup>3</sup> but &lt; 350/mm<sup>3</sup> at WHO clinical stage 3 may be considered for treatment.</b></p>	<p>AZT + 3TC + NVP <b>or</b> EFV</p> <p>-----</p> <p>d4T + 3TC + NVP <b>or</b> EFV</p>	<p>AZT <b>or</b> TDF + 3TC + LPV/r</p>	<p>-----</p>

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Russia	Adults and adolescents 2007	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup></li> </ul> <p><b>The Ministry of Health of the Russian Federation also recommends treatment if:</b></p> <ul style="list-style-type: none"> <li>CD4 count is between 200 and 350/mm<sup>3</sup>; <b>and</b></li> <li>Viral load &gt; 100,000 copies/mL</li> </ul>	<p>2 NRTIs + NNRTI <i>or</i> PI</p> <p><b>NRTI backbones:</b> AZT + 3TC; ABC + 3TC; Phosphazid + 3TC; d4T + 3TC; TDF + FTC; <b>or</b> ABC + ddl</p> <p><b>NNRTIs:</b> EFV (preferred) NVP (alternative)</p> <p><b>PIs:</b> LPV/r; IDV/r; SQV/r; FPV/r; ATV/r, ATV <b>or</b> NFV</p>	<p>Some of the ARVs used in second line regimens are ATV, ATV/r, DRV, and TPV.</p> <p>Refer to page 38 of the guidelines for further guidance.</p>	_____
Rwanda	Adults and adolescents 2007	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 350/mm<sup>3</sup>; <b>or</b></li> <li>WHO clinical stage 4</li> </ul>	d4T <b>or</b> TDF <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC <b>or</b> AZT <b>or</b> d4T + 3TC + LPV/r <b>or</b> EFV	_____
	Infants and children 2007	<p><b>Infants &lt; 11 months of age with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 1500/mm<sup>3</sup> (25%)</li> </ul> <p><b>Children 12 to 35 months of age with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 750/mm<sup>3</sup> (20%)</li> </ul> <p><b>Children 36 to 59 months of age with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 350/mm<sup>3</sup> (15%)</li> </ul> <p><b>Children &gt; 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 350/mm<sup>3</sup> at WHO pediatric clinical stage 1, 2 or 3; <b>or</b></li> <li>WHO pediatric clinical stage 4</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP	ddl + ABC + LPV/r	_____
Senegal	Adults and adolescents	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count ≤ 200/mm<sup>3</sup>;</li> <li>CDC Category B and CD4 count ≤ 350/mm<sup>3</sup>; <b>or</b></li> <li>CDC Category C</li> </ul>	The choice of first line regimen should be individualized based on potential advantages and disadvantages specific to each patient. Refer to the guidelines for further guidance.	The choice of second line regimen should be individualized based on potential advantages and disadvantages specific to each patient. Refer to the guidelines for further guidance.	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Sierra Leone	Adults 2004	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count <math>\leq</math> 200/mm<sup>3</sup> (CD4% 15%); <b>or</b></li> <li>WHO clinical stage 4; <b>or</b></li> <li>WHO clinical stage 2 or 3 <b>and</b> TLC <math>&lt;</math> 1200/mm<sup>3</sup></li> </ul>	<p>AZT + 3TC + NVP <b>or</b> EFV</p> <p>-----</p> <p>d4T + 3TC + NVP <b>or</b> EFV</p>	2 NRTIs + PI <b>or</b> PI/r	<p>2 new NRTIs + PI/r</p> <p>-----</p> <p>NRTI + NNRTI + PI/r</p>
	Infants and children 2004	<p><b>Children &lt; 18 months of age:</b></p> <p>Where virological confirmation is available:</p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3; <b>or</b></li> <li>WHO pediatric clinical stage 1 or 2 <b>and</b> CD4% <math>&lt;</math> 20%</li> </ul> <p>Where virological confirmation is <u>not</u> available:</p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3; <b>and</b></li> <li>CD4% <math>&lt;</math> 20%</li> </ul> <p><b>Children &gt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3; <b>or</b></li> <li>WHO pediatric clinical stage 1 or 2 <b>and</b> CD4% <math>&lt;</math> 15%</li> </ul>	Guidelines do not provide specific regimen information for infants and children.	_____	_____
South Africa	Adults and adolescents 2010	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count <math>\leq</math> 200/mm<sup>3</sup>;</li> <li>WHO clinical stage 4;</li> <li>CD4 count <math>\leq</math> 350/mm<sup>3</sup> and co-infected with TB; <b>or</b></li> <li>MDR or XDR TB (multidrug-resistant or extensively drug-resistant tuberculosis)</li> </ul>	TDF + 3TC <b>or</b> FTC + EFV <b>or</b> NVP	AZT + 3TC + LPV/r	_____
	Infants and children 2010	<p><b>All infants (&lt; 12 months of age)</b></p> <p><b>Children 12 months to 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4% <math>\leq</math> 25% (750/mm<sup>3</sup>); <b>or</b></li> <li>WHO pediatric clinical stage 3 or 4</li> </ul> <p><b>Children &gt; 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4 count <math>&lt;</math> 350/mm<sup>3</sup>; <b>or</b></li> <li>WHO pediatric clinical stage 3 or 4</li> </ul>	<p><b>Children &lt; 3 years of age or weighing &lt; 10kg:</b></p> <p>ABC + 3TC + LPV/r</p> <p><b>Children &gt; 3 years of age and weighing &gt; 10kg:</b></p> <p>ABC + 3TC + EFV</p>	_____	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Swaziland	Adults and adolescents 2006	<b>All patients with:</b> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>;</li> <li>WHO clinical stage 4; <b>or</b></li> <li>CD4 count &lt; 350/mm<sup>3</sup> at WHO clinical stage 3</li> </ul>	AZT <b>or</b> d4T + 3TC + NVP <b>or</b> EFV	ddl <b>or</b> TDF + ABC + LPV/r	_____
	Infants and children 2006	<b>All children with:</b> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3 or 4 irrespective of CD4 count or percentage; <b>or</b></li> <li>WHO pediatric clinical stage 1 or 2, if the CD4 immunological stage is "severe"</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP	ABC + ddl + LPV/r	_____
Tanzania	Adults and adolescents 2005	<b>All patients with:</b> <ul style="list-style-type: none"> <li>CD4 count ≤ 200/mm<sup>3</sup>;</li> <li>WHO clinical stage 4; <b>or</b></li> <li>CD4 count ≤ 350/mm<sup>3</sup> at WHO clinical stage 3</li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC + ddl + LPV/r	_____
	Infants and children 2005	<b>Children &lt; 18 months of age with:</b> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3 or 4 irrespective of CD4%;</li> <li>WHO pediatric clinical stage 1 or 2 with CD4% &lt; 20%</li> </ul> <b>Children &gt; 18 months of age with:</b> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3 or 4 irrespective of CD4%;</li> <li>WHO pediatric clinical stage 1 or 2 with CD4% &lt; 15%</li> </ul>	<b>Children &lt; 3 years of age:</b> AZT + 3TC + NVP  <b>Children &gt; 3 years of age:</b> AZT + 3TC + EFV <b>or</b> NVP	ABC + ddl + LPV/r <b>or</b> NFV	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Thailand	Adults and adolescents 2010	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count <math>\leq</math> 350/mm<sup>3</sup>; <b>or</b></li> <li>• AIDS-defining illness; <b>or</b></li> <li>• HIV-related symptomatic; <b>or</b></li> <li>• Pregnant women but discontinued after delivery for those women with a pre-treatment CD4 count of <math>\geq</math> 350/mm<sup>3</sup></li> </ul>	<p>AZT + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>TDF + 3TC <b>or</b> FTC + EFV <b>or</b> NVP</p> <p>Alternative:</p> <p>ABC + 3TC + EFV</p> <p>-----</p> <p>d4T* + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>ddl + 3TC + EFV <b>or</b> NVP</p> <p><i>*d4T should be replaced by another NRTI after 6-12 months</i></p> <p><b>If patient cannot tolerate NNRTIs replace with:</b></p> <p><b>Preferred:</b> LPV/r <b>Alternative:</b> ATV/r <b>or</b> DRV/r <b>or</b> SQV/r</p>	<p><b>If first regimen was NNRTI-based:</b></p> <p>PI/r + 2 active NRTIs indicated by genotype testing</p> <p><b>If first regimen was PI/r-based:</b></p> <p>Active PI/r + 2 active NRTIs indicated by genotype testing</p> <p>-----</p> <p>Active PI/r + 1 NNRTI <math>\pm</math> 1 NRTI indicated by genotype testing</p> <p>-----</p> <p>NNRTI + 2 active NRTIs indicated by genotype testing <i>(only use this option when there are 2 active NRTIs and the patient has never been exposed to NNRTI or NRTI monotherapy or duotherapy)</i></p>	<p>At least 2 new active ARVs such as:</p> <p>DRV/r, ETV, <b>or</b> RAL</p> <p>Refer to expert consultation or appropriate clinical trial in cases where these drugs are not available. While waiting for new drugs, a holding regimen consisting of 3TC and other NRTIs may be considered.</p>
	Infants and children 2010	<p><b>All infants (&lt; 12 months of age)</b></p> <p><b>Children 1 to 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% &lt; 25%; <b>or</b></li> <li>• WHO pediatric clinical stage 3 or 4; <b>or</b></li> <li>• CDC Category B or C</li> </ul> <p><b>Children &gt; 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count &lt; 350/mm<sup>3</sup>; <b>or</b></li> <li>• WHO pediatric clinical stage 3 or 4; <b>or</b></li> <li>• CDC Category B or C</li> </ul>	<p><b>Children &lt; 3 years of age:</b></p> <p>AZT + 3TC + NVP</p> <p>Alternative:</p> <p>d4T + 3TC + NVP</p> <p><b>Children &gt; 3 years of age:</b></p> <p>AZT + 3TC + EFV</p> <p>Alternative:</p> <p>AZT + 3TC + NVP</p> <p>-----</p> <p>d4T + 3TC + EFV <b>or</b> NVP</p> <p><b>Adolescents (weight &gt; 40kg or Tanner stage IV):</b></p> <p>TDF + 3TC + EFV</p>	<p>2 NRTIs + PI/r</p> <p>Select NRTIs guided by genotype of RT gene. Refer to Figure 1 on page 510 of the guidelines for specific second-line regimens recommended for different scenarios.</p>	<p>To design a salvage regimen, use at least 2 active drugs plus a recycled NRTI. Access to new drugs such as DRV, MVC, ETV, and RAL may be needed. Expert consultation is recommended. Refer to page 511 of the guidelines for further guidance.</p>

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Uganda	Adults and adolescents 2009	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count <math>\leq</math> 250/mm<sup>3</sup>; <b>or</b></li> <li>• WHO clinical stage 4; <b>or</b></li> <li>• CD4 count <math>&gt;</math> 250 but <math>\leq</math> 350/mm<sup>3</sup> in those: <ul style="list-style-type: none"> <li>– Co-infected with TB; <b>or</b></li> <li>– WHO clinical stage 3; <b>or</b></li> <li>– Pregnant women</li> </ul> </li> </ul>	<p>AZT + 3TC + NVP <b>or</b> EFV</p> <p>Alternative 1:</p> <p>TDF + 3TC <b>or</b> FTC + NVP <b>or</b> EFV</p> <p>Alternative 2:</p> <p>d4T + 3TC + NVP <b>or</b> EFV</p>	<p><b>If first regimen AZT + 3TC + NVP <b>or</b> EFV:</b></p> <p>ABC + ddl + LPV/r ----- TDF + 3TC <b>or</b> FTC + LPV/r</p> <p><b>If first regimen TDF + 3TC <b>or</b> FTC + NVP <b>or</b> EFV:</b></p> <p>AZT + ddl + LPV/r ----- ABC + ddl + LPV/r ----- AZT + 3TC + LPV/r</p> <p><b>If first regimen d4T + 3TC + NVP <b>or</b> EFV:</b></p> <p>ABC + ddl + LPV/r ----- TDF + 3TC <b>or</b> FTC + LPV/r</p>	
	Infants and children 2009	<p><b>All infants (&lt; 12 months of age)</b></p> <p><b>Children 12 to 35 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% <math>\leq</math> 20% (CD4 count <math>\leq</math> 750/mm<sup>3</sup>)</li> </ul> <p><b>Children 36 to 59 months of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% <math>\leq</math> 20% (CD4 count <math>\leq</math> 350/mm<sup>3</sup>)</li> </ul> <p><b>Children <math>\geq</math> 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% <math>\leq</math> 15% (CD4 count <math>\leq</math> 250/mm<sup>3</sup>)</li> </ul>	<p><b>Children &lt; 5 years of age:</b></p> <p>d4T + 3TC + NVP <b>or</b> EFV</p> <p><b>Children <math>\geq</math> 5 years of age initiating or being switched from d4T-containing regimens:</b></p> <p>AZT + 3TC + NVP <b>or</b> EFV</p> <p><b>Infants &lt; 12 months initiating ART with previous exposure to NVP <b>or</b> EFV:</b></p> <p>d4T + 3TC + LPV/r</p>	<p><b>If first regimen d4T + 3TC + NVP <b>or</b> EFV:</b></p> <p>ABC + ddl + LPV/r <b>or</b> ATV/r ----- TDF + 3TC <b>or</b> FTC + LPV/r ----- AZT + 3TC + ATV/r</p> <p><b>If first regimen AZT + 3TC + NVP <b>or</b> EFV:</b></p> <p>ABC + ddl + LPV/r <b>or</b> ATV/r ----- TDF + 3TC <b>or</b> FTC + LPV/r</p> <p><b>If first regimen d4T + 3TC + LPV/r:</b></p> <p>ABC + ddl + NVP <b>or</b> EFV</p>	

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Ukraine	Adults and adolescents 2006	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>; <b>or</b></li> <li>WHO clinical stage 4; <b>or</b></li> <li>CD4 count &lt; 350/mm<sup>3</sup> <b>and</b> WHO clinical stage 3</li> </ul> <p><b>Consider treatment if:</b></p> <ul style="list-style-type: none"> <li>CD4 count &gt; 200 and &lt; 350/mm<sup>3</sup> <b>and</b> WHO clinical stage 1 or 2</li> </ul>	<p><b>Preferred:</b></p> <p>AZT + 3TC + EFV ----- TDF* + FTC <b>or</b> 3TC + EFV</p> <p><b>Alternative:</b></p> <p>AZT + 3TC + NVP</p> <p><b>Preferred PI-based regimens:</b></p> <p>AZT + 3TC + LPV/r ----- TDF* + FTC <b>or</b> 3TC + LPV/r</p> <p><b>Alternative PI-based regimen:</b></p> <p>AZT + 3TC + NFV</p> <p><i>*TDF and FTC require registration in Ukraine</i></p>	<p><b>If first regimen AZT + 3TC + EFV <b>or</b> NVP:</b></p> <p>ddl + ABC <b>or</b> TDF <b>or</b> AZT <b>or</b> 3TC + LPV/r ----- TDF + ABC <b>or</b> (3TC ± AZT) <b>or</b> ddl + LPV/r</p> <p><b>If first regimen TDF + FTC <b>or</b> 3TC + EFV <b>or</b> NVP:</b></p> <p>ddl + ABC <b>or</b> AZT <b>or</b> (3TC ± AZT) + LPV/r</p> <p><b>If first regimen AZT + 3TC + LPV/r:</b></p> <p>dl + AZT <b>or</b> ABC + LPV/r ----- TDF + ABC <b>or</b> AZT <b>or</b> (3TC ± AZT) + LPV/r</p> <p><b>If first regimen TDF + FTC + LPV/r:</b></p> <p>ddl + ABC <b>or</b> AZT + LPV/r</p> <p><b>If first regimen AZT + 3TC + NFV:</b></p> <p>AZT + ddl + LPV/r</p>	<p><b>Considerations for salvage regimens:</b></p> <ul style="list-style-type: none"> <li>Add 2 active drugs such as ENF and TPV or another new PI</li> <li>A combination of 2 PIs (except for TPV, which is not recommended in combination with other PIs)</li> </ul>

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Ukraine	Infants and Children 2007	<p><b>Infants ≤ 11 months of age:</b></p> <ul style="list-style-type: none"> <li>CD4% ≤ 25% (CD4 count ≤ 1500/mm<sup>3</sup>); <b>or</b></li> <li>WHO pediatric clinical stage 3 or 4</li> </ul> <p><b>Children 12 to 35 months of age:</b></p> <ul style="list-style-type: none"> <li>CD4% ≤ 20% (750/mm<sup>3</sup>); <b>or</b></li> <li>WHO pediatric clinical stage 4; <b>or</b></li> <li>WHO pediatric clinical stage 3 with specific OIs*</li> </ul> <p><b>Children 36 to 59 months of age:</b></p> <ul style="list-style-type: none"> <li>CD4% ≤ 15% (350/mm<sup>3</sup>); <b>or</b></li> <li>WHO pediatric clinical stage 4; <b>or</b></li> <li>WHO pediatric clinical stage 3 with specific OIs*</li> </ul> <p><b>Children ≥ 5 years of age:</b></p> <ul style="list-style-type: none"> <li>CD4% ≤ 15% (200/mm<sup>3</sup>); <b>or</b></li> <li>WHO pediatric clinical stage 4; <b>or</b></li> <li>WHO pediatric clinical stage 3 with specific OIs*</li> </ul> <p>*TB, LIP, OHL, and thrombocytopenia</p>	<p><b>Preferred NRTI backbones:</b></p> <p>AZT + 3TC d4T + 3TC AZT + ddl ddl + 3TC</p> <p><b>Alternative NRTI backbones:</b></p> <p>ABC + AZT ABC + 3TC d4T + ddl</p> <p><b>NNRTIs:</b></p> <p>Children &lt; 3 years of age: NVP Children ≥ 3 years of age: EFV</p> <p><b>PIs:</b></p> <p>LPV/r, NFV</p>	<p><b>If first regimen AZT or d4T + 3TC + NPV or EFV:</b></p> <p>ddl + ABC + LPV/r <b>or</b> SQV/r <b>or</b> NFV</p> <p><b>If first regimen ABC + 3TC + NVP or EFV:</b></p> <p>ddl + AZT + LPV/r <b>or</b> SQV/r <b>or</b> NFV</p> <p><b>If first regimen AZT or d4T + 3TC + LPV/r or NFV:</b></p> <p>ddl + ABC + LPV/r <b>or</b> EFV <b>or</b> NVP</p> <p><b>If first regimen ABC + 3TC + LPV/r or NFV:</b></p> <p>ddl + AZT + LPV/r <b>or</b> EFV <b>or</b> NVP</p> <p><b>If first regimen AZT or d4T + 3TC + ABC:</b></p> <p>ddl + EFV <b>or</b> NVP + LPV/r <b>or</b> SQV/r <b>or</b> NFV</p>	<p>This requires consultation with an experienced professional.</p> <p>Strategic approaches include:</p> <ul style="list-style-type: none"> <li>ENF</li> <li>Reuse of ARVs</li> <li>Structured treatment interruption</li> <li>The continuation of current therapy until appropriate drugs are available.</li> </ul>

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
United States	Adults and adolescents 2011	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CD4 count <math>\leq</math> 350/mm<sup>3</sup>; <b>or</b></li> <li>• History of an AIDS-defining illness; <b>or</b></li> <li>• HIV-associated nephropathy; <b>or</b></li> <li>• Hepatitis B co-infection when HBV treatment is indicated</li> </ul> <p>ART is also recommended for 1) patients with CD4 count between 350 and 500/mm<sup>3</sup>, and 2) for pregnant women who do not meet criteria for treatment with the goal to prevent perinatal transmission (refer to <a href="#">Perinatal Guidelines</a> for further guidance).</p> <p><b>Adolescents:</b> Adult ART guidelines are usually appropriate for post-pubertal adolescents. Dosing should be based on Tanner staging of puberty. Refer to the guidelines for further guidance (pg. 94-96).</p>	<p>EFV / TDF / FTC ----- ATV/r <b>or</b> DRV/r <b>or</b> RAL + TDF / FTC</p> <p><b>Alternative:</b></p> <p>EFV + (ABC <b>or</b> AZT) / 3TC ----- NVP + AZT / 3TC ----- ATV/r + (ABC <b>or</b> AZT) / 3TC ----- FPV/r <b>or</b> LPV/r + [(ABC <b>or</b> AZT) / 3TC] <b>or</b> TDF / FTC</p>	<p>Patient's treatment history and former and current resistance test results should be used to identify at least 2 (preferably 3) fully active agents* to combine with an optimized background ARV regimen. Refer to the guidelines for further guidance (pg. 71-73).</p> <p><i>*Fully active agent: one that is likely to have ARV activity based on patient's treatment history, drug-resistance testing and/or a novel mechanism of action.</i></p>	<p>Refer to the guidelines for guidance (pg. 71-73).</p>

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
United States	Infants and children 2010	<p><b>All infants (&lt; 12 months of age)</b></p> <p><b>Children ≥ 1 with:</b></p> <ul style="list-style-type: none"> <li>AIDS or significant symptoms (CDC Category C or most Category B conditions); <b>or</b></li> <li>Age-related CD4 threshold (CD4%/count ≤ 25% for ages 1 to &lt; 5 years and &lt; 350/mm<sup>3</sup> for ≥ 5 years of age) <b>and</b> viral load ≥ 100,000 copies/mL</li> </ul>	<p><b>Children &lt; 3 years of age:</b></p> <p>ABC <b>or</b> ddl <b>or</b> AZT + 3TC <b>or</b> FTC + NVP <b>or</b> LPV/r</p> <p>Alternative:</p> <p>AZT + ABC <b>or</b> ddl + NVP <b>or</b> LPV/r</p> <p><b>Children &gt; 3 years of age:</b></p> <p>ABC <b>or</b> ddl <b>or</b> AZT <b>or</b> TDF* + 3TC <b>or</b> FTC + EFV <b>or</b> LPV/r</p> <p>Alternative:</p> <p>AZT + ABC <b>or</b> ddl + EFV <b>or</b> LPV/r <b>or</b> NVP</p> <p><b>Children ≥ 6 years of age:</b></p> <p>ABC <b>or</b> ddl <b>or</b> AZT <b>or</b> TDF* + 3TC <b>or</b> FTC + EFV <b>or</b> LPV/r</p> <p>Alternative:</p> <p>AZT + ABC <b>or</b> ddl + ATV/r <b>or</b> DRV/r <b>or</b> FPV/r + NVP</p> <p><i>*for Tanner Stage 4 or post-pubertal adolescents only</i></p>	<p><b>If first regimen 2 NRTIs + NNRTI:</b></p> <p>2 NRTIs + PI</p> <p><b>If first regimen 2 NRTIs + PI:</b></p> <p>2 NRTIs + NNRTI</p> <p>-----</p> <p>2 NRTIs + PI/r</p> <p>-----</p> <p>NRTI(s) + NNRTI + PI/r</p> <p><b>If first regimen 3 NRTIs:</b></p> <p>2 NRTIs + NNRTI <b>or</b> PI</p> <p>-----</p> <p>NRTI(s) + NNRTI + PI</p> <p><i>When replacing a drug with one of the same class, drug selection should be based on resistance testing.</i></p>	Refer to guidelines for further guidance (pg. 130-136).
Uruguay	Adults 2006	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>Acute symptomatic infection</li> <li>HIV-related symptoms</li> <li>CD4 &lt; 250/mm<sup>3</sup> irrespective of symptoms and viral load</li> </ul>	<p>AZT + 3TC + NVP <b>or</b> IDV/r <b>or</b> SQV/r</p> <p>-----</p> <p>d4T + 3TC + EFV <b>or</b> NFV</p>	<p>2 NRTIs + EFV <b>or</b> NFV <b>or</b> IDV/r <b>or</b> SQV/r</p> <p>-----</p> <p>2 NRTIs + 1 NNRTI + SQV/r <b>or</b> LPV/r</p> <p>-----</p> <p>1 NRTI + 1 NNRTI + SQV/r</p>	-----

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Venezuela	Adults 2008-2009	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>• CDC Category B or C;</li> <li>• CD4 count &lt; 200/mm<sup>3</sup> and/or &lt;15%;</li> <li>• HIV-related nephropathy; <b>or</b></li> <li>• Co-infection with hepatitis B</li> </ul> <p><b>Consider treatment if:</b></p> <ul style="list-style-type: none"> <li>• CD4 count ≥ 200/mm<sup>3</sup> and ≤ 350/mm<sup>3</sup>; <b>or</b></li> <li>• Viral load &gt; 100,000 copies/mL</li> </ul>	<p>TDF <b>or</b> ABC <b>or</b> AZT <b>or</b> ddl + 3TC + EFV <b>or</b> NVP</p> <p>-----</p> <p>TDF <b>or</b> ABC <b>or</b> AZT <b>or</b> ddl + 3TC + ATZ/r <b>or</b> FPV/r <b>or</b> LPV/r <b>or</b> SQV/r</p> <p>-----</p> <p>For co-infection with hepatitis B use a TDF/3TC combination</p>	<p>AZT* + ABC + FPV/r <b>or</b> LPV/r <b>or</b> SQV/r</p> <p>-----</p> <p>ddl <b>or</b> TDF + AZT* <b>or</b> ABC <b>or</b> 3TC + FPV/r <b>or</b> LPV/r <b>or</b> SQV/r</p> <p><i>*In case of AZT-induced anemia, switch to d4T</i></p>	<p>DRV/r + RAL ± T20</p> <p>See guidelines for further guidance, pg. 39-42.</p>

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Venezuela	Children and adolescents (< 18 years of age) <b>2008-2009</b>	<p><b>All infants (&lt; 12 months of age) with:</b></p> <ul style="list-style-type: none"> <li>CD4% &lt; 25% (&lt; 1500/mm<sup>3</sup>), which is indicative of severe immunosuppression</li> </ul> <p><b>Children 1 to 3 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4% &lt; 20% (&lt; 750/mm<sup>3</sup>); <b>or</b></li> <li>Any CDC Category B or C symptoms except one episode of a severe bacterial infection</li> </ul> <p><b>Children 3 to 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4 &lt; 15% (350/mm<sup>3</sup>); <b>or</b></li> <li>Any CDC Category B or C symptoms except one episode of a severe bacterial infection</li> </ul> <p><b>Children &gt; 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup> (15%); <b>or</b></li> <li>Any CDC Category B or C symptoms except one episode of a severe bacterial infection</li> </ul> <p><b>Consider treatment in children from 1 to 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>CDC Category A or a single severe bacterial infection;</li> <li>CD4% ≥ 25%; <b>and</b></li> <li>Viral load &gt; 100,000 copies/mL</li> </ul> <p><b>Consider treatment in children &gt; 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>CDC Category A or N or a single severe bacterial infection;</li> <li>CD4 count ≥ 200/mm<sup>3</sup>; <b>and</b></li> <li>Viral load &gt; 100,000 copies/mL</li> </ul>	AZT <b>or</b> ddI <b>or</b> ABC + 3TC + LPV/r <b>or</b> NVP (< 3 years of age) <b>or</b> EFV (≥ 3 years of age and > 10kg)	<p>AZT + ddI + NVP (≥ 3 year of age) <b>or</b> FPV/r (&gt; 6 years of age)</p> <p>-----</p> <p>ABC + AZT + NVP (≥ 3 year of age) <b>or</b> FPV/r (&gt; 6 years of age)</p> <p>-----</p> <p>TDF + 3TC (adolescents at Tanner stage 4-5) + NVP (≥ 3 year of age) <b>or</b> FPV/r (&gt; 6 years of age)</p>	<p>ENF</p> <p>DRV, RAL: only in adolescents at weight indicated for adult dosage or according to recommended dosages.</p> <p>Refer to the National Committee for HIV Drug Resistance for further guidance.</p>

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Vietnam	Adults and adolescents 2005	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup> at WHO clinical stage 1 or 2;</li> <li>CD4 count &lt; 350/mm<sup>3</sup> at WHO clinical stage 3;</li> <li>WHO clinical stage 4; <b>or</b></li> <li>WHO clinical stage 2 or 3 with TLC ≤ 1200/mm<sup>3</sup></li> </ul>	d4T <b>or</b> AZT + 3TC + NVP <b>or</b> EFV	ABC <b>or</b> TDF + ddl + LPV/r <b>or</b> SQV/r <b>or</b> NFV	_____
	Infants and children 2005	<p><b>Children &lt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 4 irrespective of CD4%; <b>or</b></li> <li>WHO pediatric clinical stage 1, 2 or 3 with CD4% &lt; 20%</li> </ul> <p>Consider treatment for all children with:</p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3; <b>or</b></li> <li>WHO pediatric clinical stage 2 with TLC &lt; 2500/mm<sup>3</sup></li> </ul> <p><b>Children &gt; 18 months of age with:</b></p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 4 irrespective of CD4% or count; <b>or</b></li> <li>WHO pediatric clinical stage 1 or 2 with CD4% &lt; 15%</li> </ul> <p>Consider treatment for all children with:</p> <ul style="list-style-type: none"> <li>WHO pediatric clinical stage 3; <b>or</b></li> <li>WHO pediatric clinical stage 2 with TLC &lt; 1500/mm<sup>3</sup></li> </ul>	<p><b>Children &lt; 18 months of age:</b></p> <p>AZT <b>or</b> d4T + 3TC + NVP <b>or</b> EFV</p> <p><b>Children &gt; 18 months of age:</b></p> <p>AZT <b>or</b> d4T + 3TC + NVP <b>or</b> EFV</p>	<p><b>Children &lt; 18 months of age:</b></p> <p>ABC + ddl + LPV/r <b>or</b> NFV</p> <p><b>Children &gt; 18 months of age:</b></p> <p>ABC + ddl + LPV/r <b>or</b> NFV</p>	<p>_____</p> <p>-----</p> <p>_____</p>
Zambia	Adults and adolescents 2007	<p><b>All patients with:</b></p> <ul style="list-style-type: none"> <li>CD4 count &lt; 200/mm<sup>3</sup>;</li> <li>WHO clinical stage 4; <b>or</b></li> <li>CD4 count &lt; 350/mm<sup>3</sup> at WHO clinical stage 3</li> </ul>	TDF + FTC + NVP <b>or</b> EFV	AZT <b>or</b> d4T + 3TC <b>or</b> TDF/FTC + LPV/r	_____

Country	Clients/ Year Issued	Criteria For Starting ARV Treatment	First Line Regimen	Second Line Regimen	Third Line Regimen
Zambia	Infants and children 2010	<p><b>All children &lt; 2 years of age</b></p> <p><b>Children ≥ 2 and &lt; 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4% ≤ 25% or CD4 ≤ 750 cells/mm<sup>3</sup>; <b>or</b></li> <li>• WHO pediatric clinical stage 3 or 4</li> </ul> <p><b>Children ≥ 5 years of age with:</b></p> <ul style="list-style-type: none"> <li>• CD4 ≤ 350 cells/mm<sup>3</sup>; <b>or</b></li> <li>• WHO pediatric clinical stage 3 or 4</li> </ul>	<p><b>Infants and children &lt; 24 months of age with no previous NNRTI exposure:</b></p> <p>2 NRTIs + NVP</p> <p><b>Infants and children &lt; 24 months of age with previous NNRTI exposure (i.e. PMTCT):</b></p> <p>2 NRTIs + LPV/r</p> <p><b>Children ≥ 24 months and &lt; 3 years of age:</b></p> <p>2 NRTIs + NVP</p> <p><b>Children &gt; 3 years of age:</b></p> <p>2 NRTI's + NVP <b>or</b> EFV</p> <p><b>Preferential order of NRTI backbone:</b></p> <p>AZT + 3TC ABC + 3TC d4T + 3TC</p>	<p><b>If first regimen AZT or d4T + 3TC + NVP or EFV:</b></p> <p>ABC + 3TC + LPV/r <b>or</b></p> <p>In children &gt; 12 years of age: TDF + FTC <b>or</b> 3TC + LPV/r</p> <p><b>If first regimen ABC + 3TC + NVP or EFV:</b></p> <p>AZT + 3TC + LPV/r</p> <p><b>If first regimen AZT or d4T + 3TC + LPV/r:</b></p> <p>ABC + 3TC + NVP <b>or</b> EFV</p> <p><b>If first regimen ABC + 3TC + LPV/r:</b></p> <p>AZT + 3TC + NVP <b>or</b> EFV</p>	<p><b>Considerations:</b></p> <ul style="list-style-type: none"> <li>• For older children with more therapeutic options available, it may be possible to construct third-line regimens with novel drugs used for adults (i.e., DRV and RAL).</li> <li>• Children on failing second-line regimens with no new ARV options should continue with a tolerated regimen.</li> <li>• When stopping ART, management of OIs, symptoms and pain must continue.</li> </ul> <p>For further guidance on the failure of second-line regimens, refer to page 73 of the guidelines.</p>

For WHO staging information refer to:

- WHO Case Definitions of HIV for Surveillance and Revised Clinical Staging and Immunological Classification of HIV-related Disease in Adults and Children (2007): <http://www.who.int/hiv/pub/guidelines/HIVstagingI50307.pdf>
  - Table 3: WHO clinical staging of HIV/AIDS for adults and adolescents with confirmed HIV infection (pg. 15)
  - Table 4: WHO clinical staging of HIV/AIDS for children with confirmed HIV infection (pg. 17)

For CDC staging information refer to:

- 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>
- 1994 Revised Classification System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age: <http://www.cdc.gov/mmwr/PDF/rr/rr4312.pdf>
  - Table 1: Pediatric human immunodeficiency virus (HIV) classification (pg. 2)

For more information, please visit [aidstar-one.com](http://aidstar-one.com).

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