Southern African HIV Clinicians Society

3rd Biennial Conference

13 - 16 April 2016
Sandton Convention Centre
Johannesburg

Our Issues, Our Drugs, Our Patients

www.sahivsoc.org
www.sahivsoc2016.co.za
Andrew Black
13 April 2016
Wits Reproductive Health and HIV Institute
Revised by BHIVA guidelines: initiation of antiretroviral therapy in HIV-infected adults

**When**
Patient agrees to treatment
Possible risks of therapy outweighed by likely benefit
CD4 count >350 cells/mL
Viral-load value associated with risk of disease progression

**What**
<50 000 RNA copies/mL: two nucleoside analogues plus a nonnucleoside reverse-transcriptase inhibitor or protease inhibitor
>50 000 RNA copies/mL: two nucleosides plus one or two protease inhibitor(s)

**Aim of therapy in treatment-naive patients**
Plasma viral load to be less than 4–500 copies/mL (and preferably <50 copies/mL) by 24 weeks of therapy
Improve and extend length and quality of life

Lancet 1998; 352: 314–16
While beginning therapy before the CD4 cell count falls below 200/mm$^3$ clearly provides clinical benefits, the actual point above 200/mm$^3$ at which to start therapy has not been definitively determined.
Abbreviated HIV treatment cascade for adults in sub-Saharan Africa aged 15 years or more, 2013

- People living with HIV: 100%
- People living with HIV who know their status (15–49): 45% (39%–62%)
- People living with HIV receiving ART: 39%
- People living with HIV with suppressed viral load: 29% (21%–34%)

Legend:
- Blue: People covered
- Green: People no longer covered
About 6,000 new HIV infections a day in 2013

- About 68% are in Sub Saharan Africa
- About 700 are in children under 15 years of age
- About 5,200 are in adults aged 15 years and older, of whom:
  - almost 47% are among women
  - about 33% are among young people (15-24)