



Position: Initiation of ART at a CD4 threshold above 350

The Society advocates that all patients with a CD4 count less than 350 should be advised and encouraged to start on antiretroviral therapy without delay. There is evidence from clinical trials showing that this reduces mortality and the risk of TB disease.

Evidence that increasing the CD4 count threshold for starting to 500 results in individual patient benefit is less clear. No clinical trial has shown improved patient survival from starting at a CD4 count higher than 350. Such a trial is ongoing. However, there is evidence that starting ART at higher CD4 counts reduces HIV transmission within couples where one partner is HIV negative, and wider ART coverage appears to reduce the risk of HIV transmission at a community level. Thus consideration should be given to starting patients whose CD4 counts are between 350-500.

However, it must be remembered that many of these patients (CD4 350-500) are completely well and starting lifelong medication that needs to be taken with 100% adherence, and also may have side effects in some patients, may be a difficult undertaking. We thus support an individualised approach in patients with a CD4 count 350-500: after a discussion about the potential benefits, uncertainties, side effects and need for impeccable adherence patients should only be prescribed ART in this CD4 range if they are motivated for lifelong ART with the required adherence. If they do not feel ready yet, ART should be deferred until their CD4 count is below 350 with a plan in place for ongoing follow-up and CD4 monitoring.

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