

2015 Guidelines on When to start ART and and pre-exposure prophylaxis

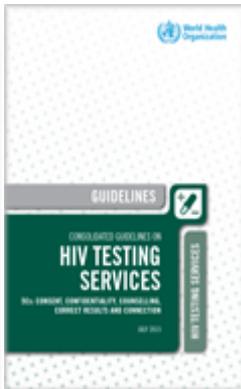
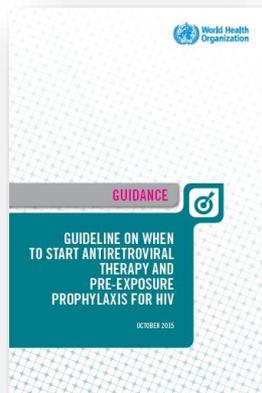
Policy informing practice

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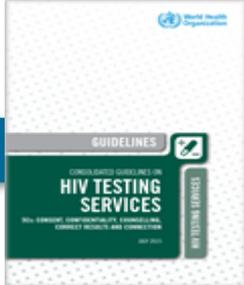
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Reaching 90-90-90 in South Africa

Pretoria, South Africa



World Health
Organization



HTS Guidelines (July 2015)

What is new in these guidelines

- New name: HIV testing services (HTS)
- Embrace the **full range of services** that should be provided together with HIV testing
- Counseling (**pre-test information**) and post--test counselling)
- **Linkage** to appropriate HIV prevention, treatment and care services and other services.
- Coordination with **lab services** to support QA and delivery of correct results

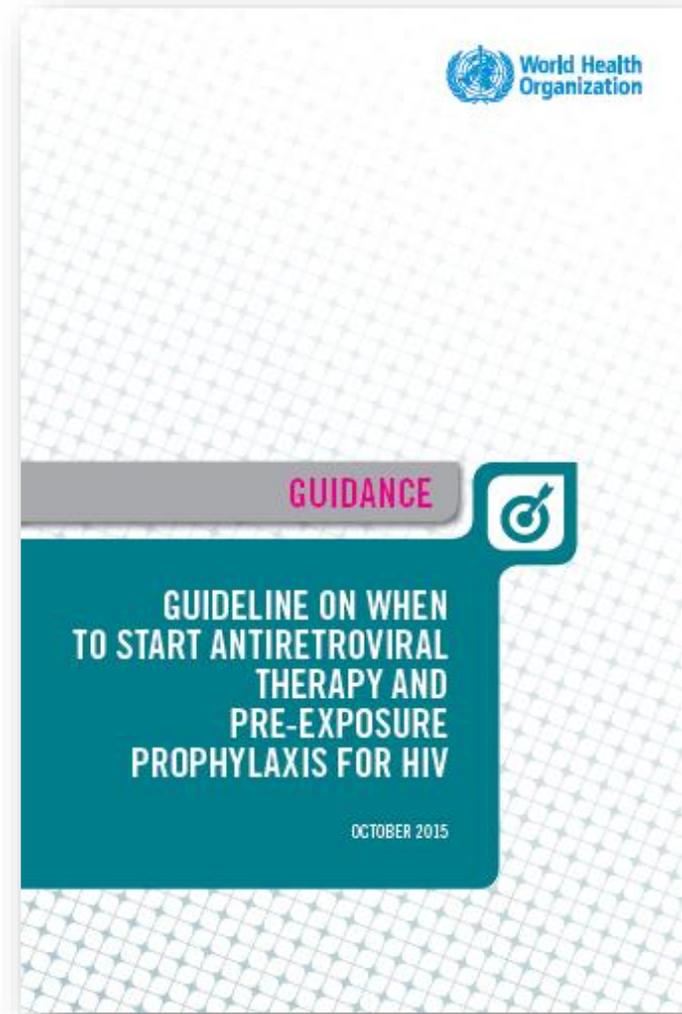
What we hope to achieve

- New emphasis on quality, efficiency, yield & linkage.
- Facilitate timely ART initiation through successful linkages
- Reduce Misdiagnosis: new retesting recommendations
- Strategic use PITC - re-prioritize, diagnose the undiagnosed, those with ongoing risk & underserved
- Innovative testing strategies



What is new in the 2015 guideline (October 2015)

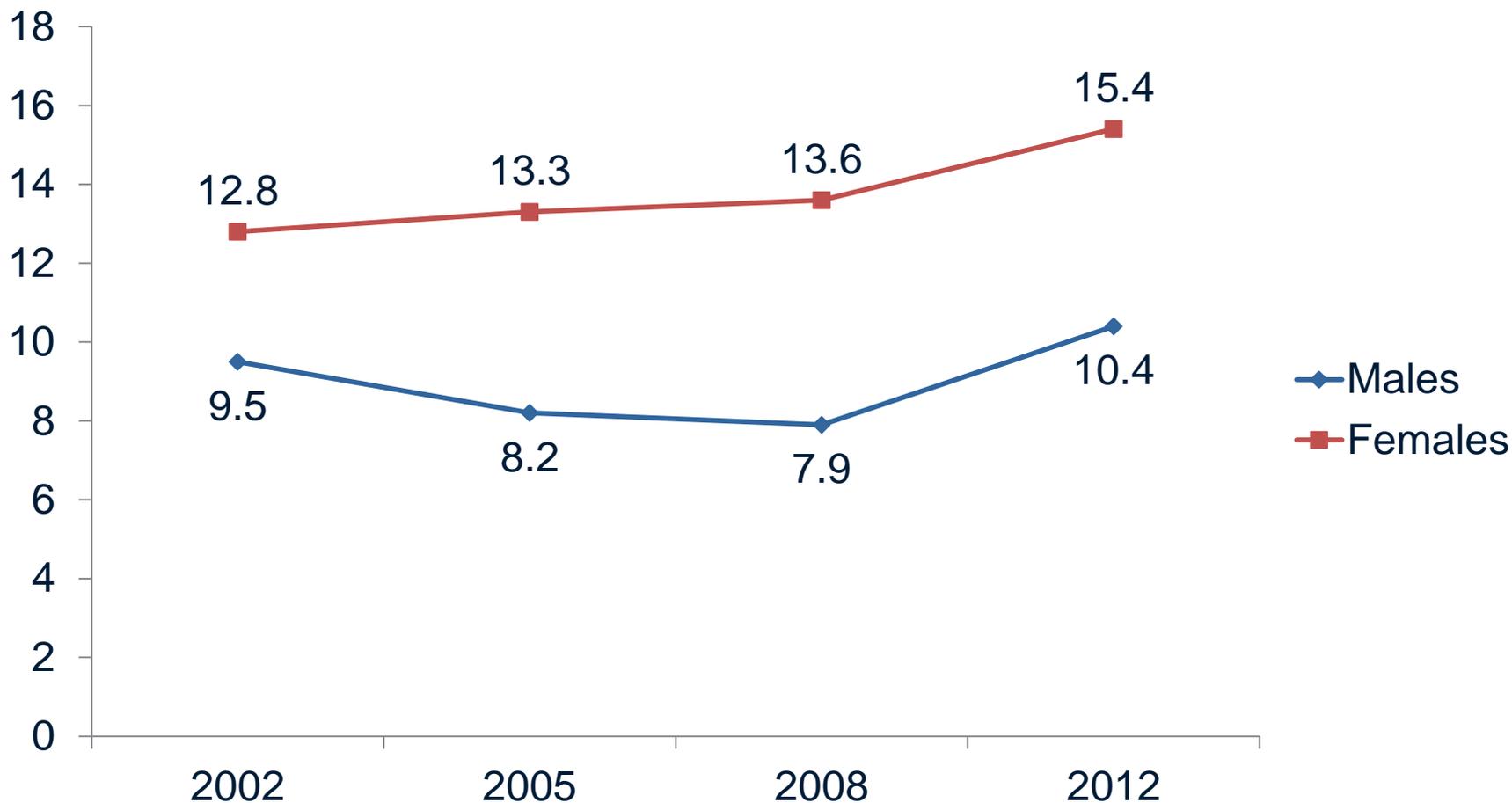
- **Treat all PLWH** across all ages (at any CD4)
- **Prioritise the sickest:** (CD4 < 350 and/or symptomatic disease)
- **New age band** for Adolescents (age 10-19)
- **Option B+** as the new standard
- **PrEP** recommended as an additional prevention choice for all people at substantial risk of HIV infection (> 3% incidence)
- Still strong emphasis on **VL monitoring**



Rationale for PrEP



Continued HIV transmission despite prevention efforts and expanding treatment programmes





- Oral PrEP (containing TDF) should be offered as an additional prevention choice for people at *substantial risk* of HIV infection as part of combination prevention approaches
- Substantial risk: (HIV incidence > 3 per 100 person–years in the absence of PrEP)
- **Not population specific**
 - For people *at substantial HIV risk*
- Within a population - not all people will have high HIV risk. Must identify those at most risk within this population/community and those who are **not** using other effective HIV prevention methods
- **Enabling recommendation**

Risk stratification tool needed



Test and Treat All

- **Eliminates the need** for determining CD4 count to initiate ART
- **Early and timely ART initiation** (ART for all with prioritization)
- **Simplifies** paediatric treatment and facilitate expansion of paediatric ART
- Improves **retention** in care compared to pre-ART
- Retention support (adherence/social /community)
- Need to strengthen adherence support, lab services, procurements and supply of key commodities

PrEP

- Safely and effectively prevent HIV infection in HIV-negative
- Motivates HIV testing for those who believe they HIV-ve
- Those screening for PrEP may be HIV +ve – earlier diagnosis and linkage to HIV care
- Use by HIV-ve: HIV medications are safe.
- Reduce HIV stigma/discrimination
- Empowers users: have control over their HIV risk



- **PrEP is expected to reduce HIV incidence**, including primary and secondary drug resistance, thereby decreasing drug resistance overall.
- **PrEP does significantly increase proportion with DR (FTC mutation)** when someone initiates PrEP while acutely infected with HIV.
- **PrEP does NOT significantly increase proportion with DR relating to TDF mutation** when someone initiates PrEP while acutely infected with HIV.
- **No statistical difference between proportion of DR infections in PrEP and placebo groups** among all at risk
- **Contraception Effectiveness:** No significant difference in hormonal contraceptive effectiveness between PrEP and placebo
- No evidence of risk compensation



- Embrace full range of HTS for better linkages, TB screening and timely ART initiation
- Quality, efficiency and yield are important for ART initiation and VL suppression. This requires health worker support and strengthened mentorship
- Institutionalize adolescent age band (10-19) to address AGYW issues better.
- Offer PrEP to those in substantial risk – reduce stigma/discrimination



THANK YOU