

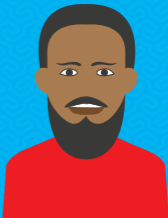
**MODERN ART FOR KENYA**

**SWITCHING  
& SECOND-LINE**

**ART**

Everyone with HIV needs to  
take HIV treatment – called  
antiretroviral therapy, ART or ARVs

**NOVEMBER 2020**



# NEW ARVS

# FOR KENYA

We have changed  
our ART regimens.

ART is usually three ARVs  
in one pill – called  
a fixed-dose combination.

For first-line the preferred new  
combination of ARVs will be:  
tenofovir + lamivudine +  
dolutegravir. This fixed-dose  
combination is called TLD.

The previous first-line combination  
included a drug called efavirenz.





**WHAT IS**

**DOLUTEGRAVIR?**

🔊 *dol-you-TEG-rah-veer*

Dolutegravir is a  
type of ARV called an  
integrase inhibitor.

## WHAT IF I AM ON

## EFAVIRENZ-BASED ART?

If your viral load has been undetectable (or virally suppressed) to less than 50 copies/mL you can easily switch from your efavirenz to dolutegravir.

The other two drugs in your regimen will stay the same. These are usually tenofovir + lamivudine.





So if your current regimen is:

**tenofovir**

+ **lamivudine**

+ **efavirenz**

or TLE

You can switch to:

**tenofovir**

+ **lamivudine**

+ **dolutegravir**

or TLD.

**If your current regimen is:**

**zidovudine (or abacavir)**

**+ lamivudine + efavirenz**

**You can switch to:**

**zidovudine (or abacavir)**

**+ lamivudine**

**+ dolutegravir**

**You might also be able to switch zidovudine or abacavir to tenofovir.**



# **WHAT IF MY VIRAL LOAD IS BETWEEN 50 AND 1000 COPIES/ML?**

Your health worker will do thorough checks to understand the cause of your higher viral load.

With you they will consider the possibility of:

- Adherence problems
- Wrong dose of ARVs
- Drug interactions
- Drug resistance
- Other infections



**They will work with you to fix these and offer you increased adherence support.**

You will have another viral load test after 3 months to make sure everything is going well.

With this you will be able to switch to dolutegravir.



# WHAT IF MY VIRAL LOAD IS 1000 COPIES/ML OR MORE?

If your viral load is 1000 copies/mL or more, you will not be able to switch to dolutegravir right away.

You will do the checks to find the cause of your high viral load with your health worker.

You will have another viral load test after 3 months. If you have two viral load test results which are “unsuppressed” (viral load over 1000 copies/mL) and you have been taking your medicine properly and consistently, this is called virological failure.

Your current medicines are no longer working and you will need to switch to second-line ART.

# WHAT IF I HAVEN'T HAD A VIRAL LOAD TEST IN THE LAST 6 MONTHS?

If you haven't had a viral load test in the last 6 months, you should wait for your routine annual test to find out if you can switch to dolutegravir.

## WHAT IS

## SECOND-LINE ART?

Second-line ART usually means the ART you were receiving needs to be changed to something that can be expected to still work for you. You will need to change more than one ARV in your regimen.

**IS THERE ANYTHING ELSE  
TO THINK ABOUT BEFORE  
I CHANGE MY ARVS?**

**YES!**

**Your hepatitis B status.**

If you are taking tenofovir in your first-line regimen, it is important that you have your hepatitis B status checked before stopping it. If someone with chronic hepatitis B stops tenofovir this could lead to a severe hepatitis flare.

Your health worker will test you for hepatitis B.

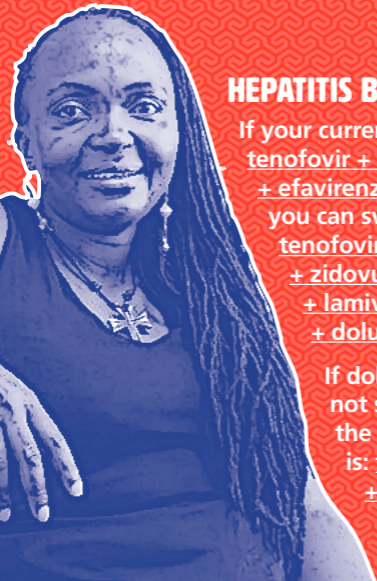
# HOW DOES MY HEPATITIS B STATUS INFLUENCE WHICH 2L ART REGIMEN I TAKE?

## HEPATITIS B NEGATIVE:

If your current regimen is tenofovir  
+ (lamivudine or emtricitabine)  
+ efavirenz, you can switch to:  
zidovudine + lamivudine  
+ dolutegravir.

If dolutegravir is not  
suitable then the other  
option is: zidovudine  
+ lamivudine  
+ lopinavir/ritonavir or  
atazanavir/ritonavir.





## HEPATITIS B POSITIVE:

If your current regimen is:  
tenofovir + lamivudine  
+ efavirenz,  
you can switch to:  
tenofovir  
+ zidovudine  
+ lamivudine  
+ dolutegravir.

If dolutegravir is  
not suitable then  
the other option  
is: tenofovir  
+ lamivudine  
+ ritonavir.

**WHAT IF MY**

**FIRST-LINE REGIMEN IS**

**DOLUTEGRAVIR-BASED?**

**HEPATITIS B NEGATIVE:**

If your current regimen is:  
tenofovir + lamivudine + dolutegravir,  
you can switch to: zidovudine  
+ lamivudine + lopinavir/ritonavir.

**HEPATITIS B POSITIVE:**

If your current regimen is:  
tenofovir + lamivudine + dolutegravir,  
you can switch to: tenofovir  
+ lamivudine + zidovudine + lopinavir/  
ritonavir or atazanavir/ritonavir.

**ART AND**

**PREGNANCY**



We have also produced a booklet about taking ARVs in pregnancy and for women who want to become pregnant.

ARV are generally safe to use in pregnancy and are important to keep the baby safe from HIV.

You can find more  
information on treatment  
at the following links:

[www.afrocab.info](http://www.afrocab.info)

[www.i-base.info](http://www.i-base.info)

[www.clintonhealthaccess.org](http://www.clintonhealthaccess.org)

**AFROCAB**



**i-base**

