

**MODERN ART FOR SOUTH AFRICA**

# **SWITCHING & SECOND-LINE ART**

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

**SEPTEMBER 2020**



# NEW ARVS FOR SOUTH AFRICA

We are changing  
our ART regimens.



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

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

The previous first-line combination  
is based on a drug called efavirenz.

# WHAT IS DOLUTEGRAVIR?

🔊 *dol-you-TEG-rah-veer*

**Dolutegravir is a type of ARV called an integrase inhibitor.**

See our booklet **Starting ART** for more information about dolutegravir, TLD, drug interactions, as well as viral load and CD4 tests, and adherence.



# 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 or emtricitabine.





So if your current  
regimen is:

**tenofovir**

- + **lamivudine (or  
emtricitabine)**
- + **efavirenz**

you can  
switch to:

- tenofovir**
- + **lamivudine (or  
emtricitabine)**
- + **dolutegravir**  
or TLD.




If you current regimen is:

**zidovudine (or abacavir)**  
**+** **lamivudine (or**  
**emtricitabine)** **+** **efavirenz**

you can switch to:

**zidovudine (or abacavir)**  
**+** **lamivudine (or**  
**emtricitabine)**  
**+** **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 find the cause of your higher viral load.

With you they will consider the possibility of:

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



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

With this you will be able to switch to dolutegravir.

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



# **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.**

**If you have two viral load tests with over 1000 copies/mL and you have been adherent (this is called virological failure). 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 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 ART REGIMEN I TAKE?

## HEPATITIS B NEGATIVE:

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

If dolutegravir is not suitable then zidovudine + lamivudine or emtricitabine + lopinavir/ritonavir.





## **HEPATITIS B POSITIVE:**

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

If dolutegravir  
is not suitable  
then tenofovir +  
lamivudine or  
emtricitabine  
+ lopinavir/  
ritonavir.

**WHAT IF MY**

**FIRST-LINE REGIMEN IS**

**DOLUTEGRAVIR-BASED?**

**HEPATITIS B NEGATIVE:**

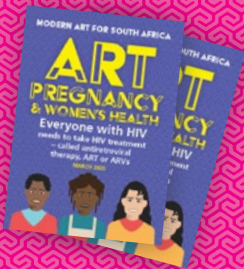
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**HEPATITIS B POSITIVE:**

If your current regimen is tenofovir + lamivudine or emtricitabine + dolutegravir you can switch to tenofovir + lamivudine or emtricitabine + lopinavir/ritonavir.

# ART AND PREGNANCY

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





Find out more about treatment  
and the free app at:

[www.modernartforsouthafrica.co.za](http://www.modernartforsouthafrica.co.za)



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