

MODERN ART FOR SOUTH AFRICA

SWITCHING & SECOND-LINE ART

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

NOVEMBER 2024





SECOND-LINE ART FOR SOUTH AFRICA

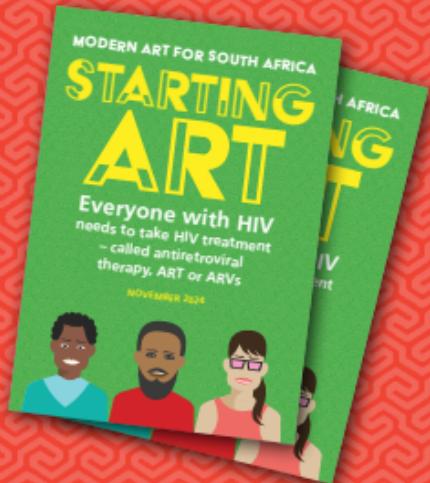
ART is usually three ARVs in one pill – called a fixed-dose combination.

Our first-line combination of ARVs is: tenofovir + lamivudine + dolutegravir (DTG). This fixed-dose combination is called TLD.

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

STARTING ART

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



WHAT IF I AM ON EFAVIRENZ-BASED ART?

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

The other two drugs in your regimen will stay the same. These are usually tenofovir, and lamivudine (3TC) or emtricitabine (FTC).





So if your current regimen is:

tenofovir
+ lamivudine (3TC)
or emtricitabine (FTC)
+ efavirenz

you can switch to TLD:

tenofovir
+ lamivudine (3TC)
or emtricitabine (FTC) +
dolutegravir.



If your current regimen is:

**zidovudine (AZT) or abacavir
(ABC) + lamivudine (3TC)
or emtricitabine (FTC)**
+ **efavirenz**

you can switch to:

**tenofovir (TDF) + 3TC +
dolutegravir (called TLD)
or ABC + 3TC + dolutegravir**

You *might* also be able to
switch AZT or ABC 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.

Together 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 these steps 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 with your health worker to find the cause of your high viral load.

If you have two viral load tests with over 1000 copies/mL even if 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 2ND-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. 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.

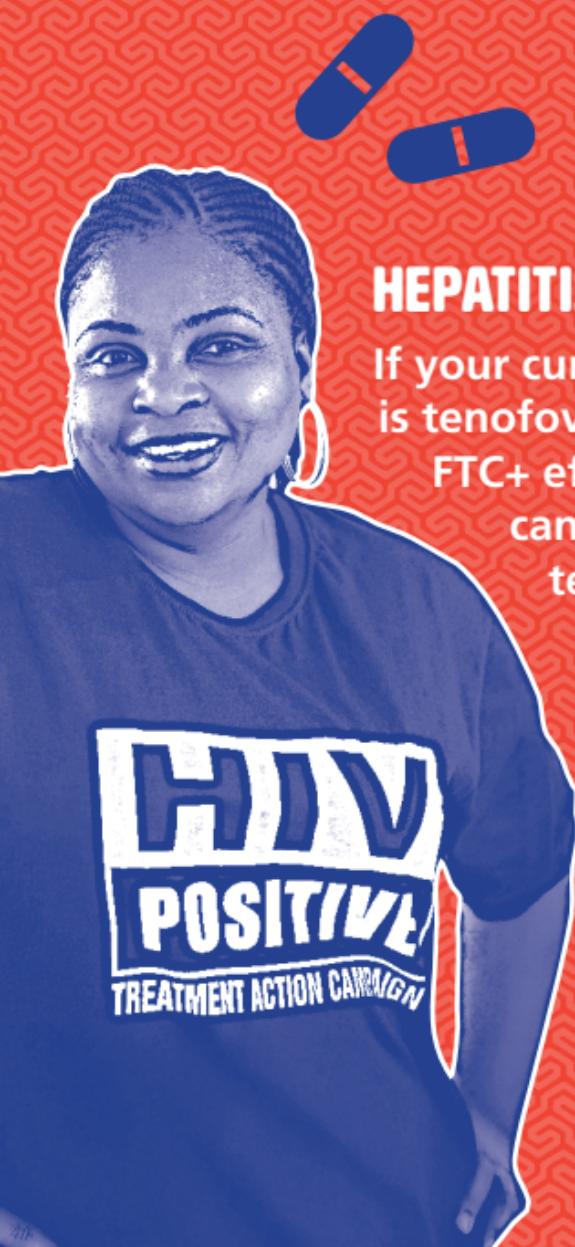
HOW DOES MY HEPATITIS B STATUS INFLUENCE WHICH ART REGIMEN I TAKE?

HEPATITIS B NEGATIVE:

If your current regimen is tenofovir + 3TC or FTC + efavirenz, you can switch to AZT + 3TC or FTC + dolutegravir.

If dolutegravir is not suitable, then AZT + 3TC or FTC + lopinavir/ritonavir.





HEPATITIS B POSITIVE:

If your current regimen is tenofovir + 3TC or FTC + efavirenz, you can switch to tenofovir + AZT + 3TC or FTC + dolutegravir.

If dolutegravir is not suitable, then tenofovir + 3TC or FTC + lopinavir/ritonavir.

WHAT IF MY FIRST-LINE REGIMEN IS DOLUTEGRAVIR-BASED?

HEPATITIS B NEGATIVE:

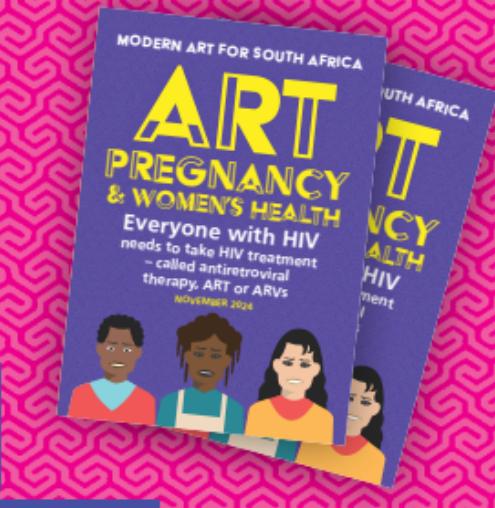
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HEPATITIS B POSITIVE:

If your current regimen is tenofovir + 3TC or FTC + dolutegravir, you can switch to tenofovir + 3TC or FTC + 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 at
modernartforsouthafrica.co.za



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