ART Eligibility

All people living with HIV (PLHIV) are eligible to start ART regardless of age, CD4 cell count and clinical stage. For all clients without contra-indications, ART should be initiated within 7 days, and on the same day if possible. Pregnant women, infants and children under five years, and clients with advanced HIV disease should be prioritised for rapid initiation. Many clients (including pregnant women) may be able to initiate ART on the same day as their HIV diagnosis, provided that they are clinically well, and are motivated to start ART. While rapid, and same-day ART initiation is encouraged where possible, all clients, particularly those with advanced HIV disease, should be carefully assessed for opportunistic infections (OIs) that may necessitate ART deferral.

Medical Indications to Defer ART

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Indication	**Action**
TB symptoms (cough, night sweats, fever, recent weight loss)	Investigate symptomatic clients for TB before initiating ART. If TB is excluded, proceed with ART initiation and TB preventive therapy (after excluding contra-indications to TPT). If TB is diagnosed, initiate TB treatment and defer ART. The timing of ART initiation will be determined by the site of TB infection and the client's CD4 cell count
Diagnosis of drug-sensitive (DS) TB at a non-neurological site (e.g. pulmonary TB, abdominal TB, or TB lymphadenitis)	Defer ART initiation as follows: • If CD4 < 50 cells/µL – initiate ART within 2 weeks of starting TB treatment, when the client's symptoms are improving, and TB treatment is tolerated • If CD4 ≥ 50 cells/µL – initiate ART 8 weeks after starting TB treatment • In pregnant and breastfeeding women (PBFW) initiate ART within 2 weeks of starting TB treatment, when the client's symptoms are improving, and TB treatment is tolerated. Defer ART for 4-6 weeks if symptoms of meningitis are present. For further details, refer to the Family-Centered Transmission Prevention Guideline 2023
Diagnosis of drug-resistant (DR) TB at a non-neurological site (e.g. pulmonary TB, abdominal TB, or TB lymphadenitis)	Initiate ART after 2 weeks of TB treatment, when the client's symptoms are improving, and TB treatment is tolerated
Diagnosis of DS-TB or DR-TB at a neurological site (e.g. TB meningitis or tuberculoma)	Defer ART until 4-8 weeks after start of TB treatment
Signs and symptoms of meningitis	Investigate for meningitis before starting ART
Cryptococcal antigen (CrAg) positive in the absence of symptoms or signs of meningitis and if lumbar puncture is (LP) negative for cryptococcal meningitis (CM)	No need to delay ART. ART can be started immediately.
Confirmed cryptococcal meningitis	Defer ART until 4-6 weeks of antifungal treatment has been completed
Other acute illnesses e.g. *Pneumocystis jirovecii* pneumonia (PJP) or bacterial pneumonia	Defer ART for 1-2 weeks after commencing treatment for the infection
Clinical symptoms or signs of liver disease	Confirm liver injury using ALT and total bilirubin levels. ALT elevations > 120 IU/L with symptoms of hepatitis, and/or total serum bilirubin concentrations > 40 µmol/L are significant. Investigate and manage possible causes including TB, hepatitis B, drug-induced liver injury (DILI), or alcohol abuse
Note: Clients who are already on ART should NOT have their treatment interrupted upon diagnosis of the above conditions	