SWITCHING CHILDREN AND ADOLESCENTS **BETWEEN FIRST LINE ART REGIMENS**

- If a child is taking an old ARV regimen, change to the corresponding new regimen once the child meets the criteria for switching
- Make sure all the requirements for switching are met (age, weight, Viral Load (VL), renal function if switching to TDF)
- If the child is taking a regimen with LPV/r, make sure this is a first line regimen. Do not switch if the child/adolescent is on a second line regimen
- If the child did not have a VL in the last 6 months, do not do additional VL outside the routine monitoring. Wait for the result of the next routine VL before switching
- For adolescent girls in childbearing age, provide information on risks and benefits of DTG (p. 55) to enable the girl/ caregiver to make an informed choice to either stay on EFV or switch to DTG
- Dose according to the paediatric ART dosing chart

TEST	CURRENT first line regimen	NEW FIRST LINE REGIMEN	REQUIREMENTS BEFORE SWITCHING
Infants >4 weeks of age and >42 weeks gestational age	AZT + 3TC + NVP	ABC + 3TC + LPV/r	• VL is not required before switching • If body weight is <3 kg, obtain expert advice on dosing
Children and adolescents weighing ≥20 kg	ABC + 3TC + LPV/r* **OR** ABC + 3TC + EFV	ABC + 3TC + DTG	• If VL <50 copies/mL in the last 6 months or alternatively VL 50-999 copies/mL twicee in the last 6 months, provided adequate assessment (cause of elevated VL) and enhanced adherence counselling is provided • If VL >1000 copies/mL on 2 successive tests, refer to doctor
Children and adolescents weighing ≥35 kg and ≥10 years of age	ABC + 3TC + LPV/r* **OR** ABC + 3TC + EFV	TDF + 3TC + DTG	• If VL <50 copies/mL in the last 6 months or alternatively VL 50-999 copies/mL twice in the last 6 months, provided adequate assessment (cause of elevated VL) and enhanced adherence counselling is provided • If VL >1000 copies/mL on 2 successive tests, refer to doctor • Estimated GFR >80 mL/min is required for starting TDF

* Ensure that the patient is taking a first line regimen with LPV/r and not a second line regimen.

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- If the child is taking a regimen with LPV/r, make sure this is a first line regimen. Do not switch if the child/adolescent is on a second line regimen
- If the child did not have a VL in the last 6 months, do not do additional VL outside the routine monitoring. Wait for the result of the next routine VL before switching
- For adolescent girls in childbearing age, provide information on risks and benefits of DTG (p. 55) to enable the girl/ caregiver to make an informed choice to either stay on EFV or switch to DTG
- Dose according to the paediatric ART dosing chart