

Summary of Changes from v10.1 to v11.0

The COVID-19 situation is rapidly changing, and evidence is constantly accumulating. Therefore, we refer to the regularly updated BHIVA, DAIG, EACS, GESIDA & Polish Scientific AIDS Society Statement on risk of COVID-19 for PLWH <https://www.eacsociety.org/home/covid-19-and-hiv.html>

ART section

- What to start with, pages 13-14
 - New organization of treatment categories which are now divided into recommended regimens and alternative regimens
 - DOR has been included as a recommended drug in a triple drug tenofovir-based regimen
 - EVG and ATV-based regimens, DRV/b + RAL and ABC combinations with either EFV, DRV/b or RAL have been removed
 - New guidance for PrEP failure is included
- Switch strategies for virologically suppressed persons, page 16
 - Long-acting CAB + RPV has been included as dual therapy option
 - 3TC + ATV/b has been removed from recommended dual therapies
- Virological failure, page 17
 - Section has been updated including new wording for treatment recommendations in the presence of resistance mutations
- Treatment of pregnant women living with HIV or women considering pregnancy, page 18
 - Section has been re-organized
 - ART choice should be discussed with women wishing to conceive or pregnant. DTG to be discussed with women considering to become pregnant or if to be used in first 6 weeks of pregnancy
 - TAF has been included among recommended/alternative regimens as a drug option after 14 weeks of pregnancy
 - ATV, ZDV and LPV/r are removed from alternative regimens
- ART and TB co-infection, page 20
 - ART should be started as soon as possible (within two weeks of initiating TB treatment) regardless of CD4 count, with the exception of TB meningitis
- Pre-Exposure Prophylaxis page 23
 - Whole section has been updated including on demand PrEP for men, and indication to continue PrEP during pregnancy and breastfeeding if the risk of acquiring HIV persists

DDI section

- CAB oral, CAB/RPV LA and FTR have been added to all DDI tables.
- DDIs for ABC, 3TC and FTC are now summarized in the footnote of each DDI table
- Four novel DDI tables have been added: DDIs with anti-tuberculosis drugs; DDIs with anxiolytics; DDIs with COVID-19 therapies and DDIs with hormone replacement therapy, see pages 35, 36, 41, 42
- All tables have been updated to include changes implemented in the HIV drug interaction website (University of Liverpool) in the past year. For the most part, changes relate to the risk of QT interval prolongation with RPV, ATV/b and LPV/r
- TAF + rifampicin footnote was changed to indicate that although rifampicin decreases TAF exposure when given 25 mg qd, the intracellular tenofovir diphosphate levels are likely to be higher than those observed with TDF even without rifampicin suggesting that usage of TAF 25 mg qd with rifampicin (or rifapentine, rifabutin) may be acceptable, see page 35
- Several comedications have been added in the Antidepressants, Antihypertensives, Analgesics, Anticoagulants, Bronchodilators and Anti-malarials DDI tables, see pages 31, 32, 29, 30, 37, 34
- A summary of the differences in the risk of DDIs for oral and im CAB/RPV is provided in the introduction of part III, see page 26
- The table on the administration of ARVs in persons with swallowing difficulties has been revised to include CAB, CAB/RPV LA and FTR, see page 46
- Delafloxacin and eslicarbazepine have been added to the table of non-ARV drugs requiring dosage adjustment in renal insufficiency, see page 52

Co-morbidity section

- Updated information on adverse effects associated with new ARVs, pages 24-25
- Updated guidance on screening for cancers in PLWH, page 59
- Updated information on drug-drug interactions relevant to opiate addiction in PLWH, page 58
- Updated guidelines on the prevention and management of CVD including updated lipid targets, management of hypertension (including drug

sequencing) and primary prevention for those PLWH who are diabetic in alignment with the European Society of Cardiology, pages 62-65, 69

- The approach to management of DM in PLWH has been revised, pages 67-68
- Updated guidance on the classification, diagnosis and management of non-alcoholic fatty liver disease (NAFLD) and management of hepatorenal syndrome / acute kidney injury (HRS/AKI), page 82-83
- A major revision to provide a more comprehensive section on diagnosis and management of weight gain and obesity in PLWH has been included, page 85-86
- Inclusion of SARS-CoV-2 in the vaccination section, page 90
- More detailed information on management of menopause in PLWH, page 91
- A new section on screening, diagnosis and management of anxiety disorders in PLWH has been added, page 100-101
- The screening, diagnosis and management of frailty has undergone major revision with information on polypharmacy, screening for frailty and falls, page 108-112
- Updated information on screening and prophylaxis for PLWH undergoing solid organ transplant, page 113

Viral Hepatitis Co-infections section

- If pangenotypic regimens are foreseen, HCV genotype determination is not mandatory before starting treatment, page 117
- Treatment of recently acquired HCV infection immediately after diagnosis is recommended in PLWH with ongoing risk behavior to reduce onward transmission, page 117
- The tables on HCV treatment options and DDIs have been updated, pages 118-119
- The table "HCV treatment options if preferred treatments are not available" has been deleted
- Bulevirtide added as treatment option for HDV, page 122

Opportunistic Infections and COVID-19 section

- Section title was changed to "Opportunistic Infections and COVID-19"
- Section on management of COVID-19 in PLWH was added, page 139
- Table "When to start ART in PLWH with Opportunistic Infections", page 123 was revised
 - Column on CD4 count thresholds was removed
 - CMV end-organ disease was deleted from the table
- An alternative regimen, based on rifapentine for treatment of drug-susceptible TB was added, page 135
- Treatment recommendations for MDR-/XDR-TB were revised according to the updated WHO 2020 Guidelines, page 136
- Some minor stylistic changes were made to all OI tables

Paediatric HIV Treatment section

- First version of EACS Guidelines with integration of Penta Guidelines on first and second line ART for children living with HIV, pages 140-143
- Update of first and second line recommendations, with further emphasis on DTG as preferred option in response to extended license, new formulation and evidence of superiority from the ODYSSEY trial, pages 140-143
- Guidance on use of ABC in children less than 3 months of age, page 141
- Addition of a table and link to Penta website for dosing recommendations, pages 140, 142
- Addition of a recommendation and link to contact and refer to International Paediatric Virtual Clinic, page 140, 142
- Modification of the definition of virological failure to be in line with EACS adult Guidelines, page 143

EACS Guidelines are available online at <http://www.eacsociety.org> and in the EACS Guidelines App

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