

Summary of Changes from v9.0 to v9.1

ART section

What to start with:

- New recommendation to use an INSTI as preferred third agent in treatment-naïve persons commencing ART, page 12
- TAF/FTC/BIC, TAF/FTC/DRV/c and the new formulation of RAL 1200 mg qd added to the recommended regimens, page 12
- Additional footnote on use of TDF and TAF and use of generics, page 13
- TAF/FTC/EVG/c has been downgraded to alternative regimen, page 13
- Dual regimen with DTG+3TC added to alternative regimens, page 13

Switch strategies:

- Added recommendation to review drug-drug interactions with ARVs and concomitant medication in case of switch, page 15

Virological failure:

- Changed recommendation to include DTG based regimens, page 16

Treatment of HIV-positive pregnant women:

- New recommendations against use of DTG, RAL 1200 mg qd, BIC, and DRV/c during pregnancy, page 17

Co-morbidities and related sections

- All DDI tables have been updated and revised with data on BIC, pages 23-33 and 86
- To make room for BIC, data on the older and less used ZDV has been moved to the DDI tables footnotes, pages 23-33 and 86
- It was agreed to await additional studies of BIC before adding data on BIC to the adverse drug effect and other tables
- Screening recommendations for HCC have been revised in collaboration with the co-infection panel, pages 8, 40, 58, 81
- Data on the fixed dose combination TAF/FTC/DRV/c has been added to the tables of swallowing difficulties and dose adjustment for renal and hepatic insufficiency, pages 36, 35 and 34
- Practical points on diagnosing hepatic fibrosis have been added in collaboration with the co-infection panel, pages 8, 58 and 83
- Minor changes have been added to antihypertensive management and treatment section to underline lifestyle changes and use of combination drugs, pages 43 and 44
- In the SOT section, it has been specified that HIV-positive persons can receive organs from living (renal) and deceased (all types of SOT) HIV-negative donors, and the use of HIV-positive donor organs for HIV-positive recipients is under evaluation, page 79

Co-infections section

- HCC screening recommendations have been updated. This also includes changes in the cancer and liver sub-sections of the co-morbidity section, pages 8, 40, 58 and 81
- Practical points on diagnosing hepatic fibrosis have been added. This also includes changes in the liver sub-section of the co-morbidity section, pages 40, 58 and 81
- Wording regarding prevention of HCV MTCT has been added, page 81
- Section on HEV has been added, pages 6 and 81
- Recommendations for persons with failure to DAA treatment have been updated, page 84
- DAA table has been updated, page 85
- DDI table has been updated and now includes BIC, page 86
- Figure on management of acute HCV has been amended, page 87

Opportunistic infections section

- A comment has been added at the beginning of the OI section referring the reader to ART section for timing of ART initiation in individuals with OIs, page 88
- The results of the Reality trial (performed in Africa) added in the cryptococcal disease section in v9.0 has been adapted to European epidemiological settings, page 91
- The treatment induction phase regimen of two weeks of fluconazole 1200 mg/day plus flucytosine for cryptococcal meningitis, has been added as an acceptable alternative regimen in resource-limited settings, page 91
- A comment has been added pointing out the value of JCV-DNA in plasma for PML diagnosis and as a marker of disease progression, page 94
- Screening recommendations for TB have been revised in the assessment table, page 7
- The regimen of daily rifapentine + isoniazid has been added for the treatment of latent TB, page 99

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