Summary of Changes from v10.0 to v10.1

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


ART section

• What to start with, pages 12-13
  • New organization of treatment categories which are now divided into recommended regimens, alternative regimens and other combinations
  • Recommended regimens include unboosted INSTI (DTG, BIC or RAL) plus 2 NRTIs or 3TC/DTG
  • CD4 count restriction has been removed for 3TC/DTG
  • Switch strategies for virologically suppressed persons, page 15
  • DRV/r + DTG has been included as dual therapy option supported by smaRT
  • Virological failure, page 16
    • Treatment recommendation wording has been changed to “New regimen will usually use at least 1 fully active PIs (e.g. DRV/r) plus a drug remaining fully active despite resistance to other drugs from the class (e.g. INSTI, NNRTI) and/or from a class not used previously (e.g. INSTI, NNRTI, PI, CCR5 antagonist (if tropism test shows R5 virus only) assessed by genotyping test”
  • Treatment of pregnant women living with HIV or women considering pregnancy, page 17
    • TAF has been removed from table 2 Antiretroviral drugs not recommended in women who become pregnant while on ART
    • TAF/FTC+DTG has been included as a recommended regimen in table 3 Antiretroviral regimen for ART-naive pregnant women
  • Post-exposure prophylaxis (PEP), page 22
    • ZDV/3TC has been removed from alternative regimens and DRV/r included

DDI section

• All tables have been updated to include changes implemented in the HIV drug interaction website (University of Liverpool) in the past year.
  The most relevant changes include:
  • EFV + atorvastatin: changed to amber due to the decrease in atorvastatin exposure requiring the monitoring of lipid values, page 27
  • RPV + chloroquine, methadone or pimozide were changed to amber due to the known risk for QT interval prolongation associated with the comedication, pages 27 and 36
  • A note on the risk of DDI with ibalizumab has been added to the footnote of each DDI table
  • Ibalizumab has been added in the table for ARV administration in PLWH with swallowing difficulties as well as in the tables for ARV dose adjustment in case of renal and hepatic impairment, pages 40-43

Co-morbidity section

• Adverse Effects Table Updates, page 24
  • Increased risk of neural tube defects associated with DTG
  • The CD4-directed post-attachment inhibitor, ibalizumab is now included
  • Ibalizumab has been added to all DDI tables and to the tables for dose adjustment in the case of renal or hepatic impairment, pages 67 and 74
  • A PLWH-population specific reference has been included for the PCSK9 inhibitor, evolocumab, page 60
  • In the Obesity section, an indication for intervention of BMI ≥ 30 kg/m² or ≥ 25 kg/m² and weight-related complications (diabetes mellitus, hypertension) has been included with expanded detail regarding exercise, dietary, behavioural and therapeutic management, page 75
  • In sero-discordant couples, a recommendation that fully effective ART should be a primary goal has been included, page 80
  • In those wishing to conceive, a recommendation to consider PrEP in the partner of PLWH in the absence of HIV suppression has been included, page 80
  • In PLWH at high risk of STI, three-monthly STI screening is recommended, page 81
  • The treatment of gonorrhoea infection has been updated to ceftriaxone 1 g as a single dose, page 81

Viral Hepatitis Co-infections section

• The main tables on HCV treatment options and DDIs have been updated, pages 98-100
• Resistance testing guidance before re-treatment with DAAs has been modified, page 97
• The sections on HBV, HDV and HEV infections remain unchanged, page 96-103

Opportunistic infections section

• Some minor stylistic changes were made to all OI tables
• Cidofovir was deleted from the list of drugs for secondary prophylaxis/maintenance therapy for CMV retinitis, page 111
• Rifabutin was added to the list of drugs for primary prophylaxis of Non-Tuberculous Mycobacteria, page 112
• Moxifloxacin was added to the list of drugs for treatment of MAC, page 112

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

Imprint  European AIDS Clinical Society (EACS)
Panel Chairs  José Arribas, Catia Marzolini, Patrick Mallon, Andri Rauch, Ole Kirk
Chair and Coordinator  Georg Behrens and Lene Ryom
Graphic Design  Notice Kommunikation & Design, Zurich
Language and translations  SoPink, Brussels, SEVT Ltd., London
Version, Date  10.1. October 2020
Copyright  EACS, 2020