

Table I. Recommendations for initiating ART in treatment-naïve HIV-seropositive adults and adolescents.

Guideline	Recommendations Based on CD4 Count (and Strength of Recommendation)	Recommendations Based on Clinical Indication (and Strength of Recommendation)
International AIDS Society-USA Panel (IAS-USA), 2014	<p>ART is recommended and should be offered regardless of CD4 cell count. The strength of the recommendation increases as CD4 cell count decreases and in the presence of certain conditions.</p> <ul style="list-style-type: none"> • CD4 <500 (Aa) • CD4 >500 (BIII) 	<ul style="list-style-type: none"> • Prevention of HIV transmission (Aa) • Pregnancy (Aa) • HIV-associated nephropathy (AIIa) • Chronic hepatitis B coinfection (AIIa) • Acute HIV infection (BIII) • TB and HIV-related OI's (including malignancies)- see text for discussion of ART timing in the setting of TB and acute OI's
Panel on Antiretroviral Guidelines for Adults and Adolescents, Department of Health and Human Services (HHS), 2014	<p>Antiretroviral therapy (ART) is recommended for all HIV-infected individuals to reduce the risk of disease progression. The strength of and evidence for this recommendation vary by pretreatment CD4 cell count. ART also is recommended for HIV-infected individuals for the prevention of transmission of HIV.</p> <ul style="list-style-type: none"> • CD4 <350 (AI) • CD4 350-500 (AII) • CD4 >500 (BIII) • Conditions favoring more urgent start of ART: CD4 <200, HIV RNA >100,000 	<ul style="list-style-type: none"> • Prevention of HIV transmission (AI-AIII) • Pregnancy (AI) • AIDS-defining conditions, including HIV-associated dementia (AI) • HIV-associated nephropathy (AII) • Acute/early HIV infection (BII) • Chronic hepatitis B coinfection (AII) • Chronic hepatitis C coinfection (BII) • TB and acute OI's-see text for discussion of ART timing in the setting of TB and acute OI's

<p>European AIDS Clinical Society (EACS), 2014</p>	<p>ART is always recommended in any HIV-positive person with a current CD4 count below 350 cells/μL. For persons with CD4 counts above this level, ART should be individualized and considered.</p>	<ul style="list-style-type: none"> • Recommended: pregnancy, symptomatic HIV disease, HIV-associated neurocognitive disorder, Hodgkin’s lymphoma, HPV-associated cancers, HIV-associated nephropathy • Consider: to reduce HIV transmission, for primary HIV infection, other non-AIDS defining cancers, in those with high-risk for cardiovascular disease • See text or discussion of indications in the setting of viral hepatitis
<p>World Health Organization (WHO), 2013</p>	<p>...national HIV programmes [should] provide ART to all people with a confirmed HIV diagnosis with a CD4 count of 500 cells/mm^3 or less, giving priority to initiating ART among those with severe/advanced HIV disease or a CD4 count of 350 cells/mm^3 or less.</p>	<ul style="list-style-type: none"> • Initiate ART in the setting of: severe/advanced HIV infection (WHO clinical state 3 or 4 disease), TB disease, hepatitis B coinfection, HIV serodiscordant couples to reduce transmission