



EACS
European
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Society

10 GUIDELINES

Version 10.1

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English

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 <https://www.eacsociety.org/home/covid-19-and-hiv.html>

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/b + DTG has been included as dual therapy option supported by small trials
- Virological failure, page [16](#)
 - Treatment recommendation wording has been changed to "New regimen will usually use at least 1 fully active PI/b (e.g. DRV/b) 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 genotypic testing"
- 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-naïve pregnant women](#)
- Post-exposure prophylaxis (PEP), page [22](#)
 - ZDV/3TC has been removed from alternative regimens and DRV/b 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 pimozone 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 im 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](#)

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