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

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Recommendations Based on CD4 Count (and Strength of Recommendation)</th>
<th>Recommendations Based on Clinical Indication (and Strength of Recommendation)</th>
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</thead>
</table>
| International AIDS Society-USA Panel (IAS-USA), 2014                     | 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.  
  • CD4 ≤500 (Ala)  
  • CD4 >500 (BIII)                                                      | • Prevention of HIV transmission (Ala)  
  • Pregnancy (Ala)  
  • HIV-associated nephropathy (Ala)  
  • Chronic hepatitis B coinfection (Ala)  
  • 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                   | 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.  
  • CD4 <350 (AI)  
  • CD4 350-500 (AII)  
  • CD4 >500 (BIII)  
  • Conditions favoring more urgent start of ART: CD4 <200, HIV RNA >100,000 | • Prevention of HIV transmission (AI-AIII)  
  • Pregnancy (AI)  
  • AIDS-defining conditions, including HIV-associated dementia (AI)  
  • HIV-associated nephropathy (AI)  
  • Acute/early HIV infection (BII)  
  • Chronic hepatitis B coinfection (AI)  
  • 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 |
| European AIDS Clinical Society (EACS), 2014 | 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. | • 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 |
| World Health Organization (WHO), 2013 | ...national HIV programmes [should] provide ART to all people with a confirmed HIV diagnosis with a CD4 count of 500 cells/mm³ or less, giving priority to initiating ART among those with severe/advanced HIV disease or a CD4 count of 350 cells/mm³ or less. | • Initiate ART in the setting of: severe/advanced HIV infection (WHO clinical state 3 or 4 disease), TB disease, hepatitis B co-infection, HIV serodiscordant couples to reduce transmission |