

MAY 20, 2011

**GUIDELINES FOR THE USE OF ANTIRETROVIRAL AGENTS AND THE
PREVENTION AND TREATMENT OF OPPORTUNISTIC INFECTIONS IN HIV-
INFECTED ADULTS AND ADOLESCENTS**

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides guidelines for the use of viral load assays, immunologic tests, resistance assays, antiretroviral agents, and pharmacological agents for prevention and treatment of opportunistic infections in the management of human immunodeficiency virus (HIV) disease.

2. BACKGROUND

a. Options for the clinical management of HIV-infected individuals based on virologic and immunologic factors have changed substantially in recent years and continue to change as new medications and reformulations of existing drugs are released. Since 1996, national guidelines have been published by the Panel on Clinical Practices for Treatment of HIV Infection, convened by the Department of Health and Human Services (DHHS). The most recent guidelines were published in January 2011.

b. Opportunistic infection prevention and treatment guidelines have been published since 1989 by DHHS panels convened by a variety of sponsors, such as the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the United States Public Health Service (USPHS), and the HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA). The most recent guidelines, published in April 2009, were issued by the CDC, NIH, and HIVMA.

c. These guidelines share the following features:

(1) They are labeled as guidelines, indicating that the recommendations should be considered in the context of an individual patient's clinical situation, patient preferences, and the community in which the patient is being managed.

(2) They are evidence-based. For each therapeutic recommendation, the strength and quality of the evidence supporting it are indicated using the rating system of the IDSA.

(3) They have been developed by a broadly based panel that included representatives from academic medical centers, Federal government agencies, community-based practices, and consumer advocates.

(4) Members of the panel disclosed any relevant financial associations in writing.

(5) They are available in print and on the Internet.

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(6) They were reviewed by panel members to ensure that the recommendations were complete and in agreement, where possible and appropriate.

(7) Members of the public have an opportunity to comment on the guidelines. Comments are reviewed by the relevant panel, which may revise guidelines accordingly.

(8) They are endorsed by the US DHHS, the CDC, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America.

(9) They are intended to complement more comprehensive textbooks, journals, and other relevant informational materials.

(10) They are periodically updated, with dissemination primarily through the Internet.

e. The recommendations contained in these guidelines are not intended to be a substitute for the judgment of a clinician who is an expert in the care of HIV-infected individuals. They are, however, based on the current understanding of the pathogenesis of HIV and intend to translate scientific principles and data obtained from clinical experience into recommendations that can be used by the clinician and patient to make therapeutic and prophylaxis decisions. *NOTE: Other professional groups also publish guidelines that clinicians caring for Veterans with HIV infection may wish to consult.*

f. As with treatment of any chronic condition, therapeutic decisions require a mutual understanding between the patient and health care provider regarding the benefits and risks of treatment.

g. VHA has previously adopted the January 28, 2000, version and subsequent versions and updates of the DHHS "Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents" and the August 20, 1999, version and subsequent versions and updates of the "1999 USPHS-IDSA Guidelines for the Prevention of Opportunistic Infections in Persons with Human Immunodeficiency Virus" as its official guidelines.

3. POLICY: It is VHA policy that DHHS guidelines on antiretroviral treatment of HIV-infected adults and adolescents, as well as on prevention and treatment of opportunistic infections in HIV-infected adults and adolescents, are to serve as official VHA guidelines.

4. ACTION: Facility Directors are responsible for ensuring the January 10, 2011 version of the DHHS "Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents" (see subpar 5a) and the April 1, 2009 version of the DHHS "Guidelines for Prevention and Treatment of Opportunistic Infection in HIV-Infected Adults and Adolescents" (subpar 5b) are adopted as official VHA guidelines. *NOTE: These documents are available in electronic format online at <http://aidsinfo.nih.gov>. Instructions for obtaining print copies are available at the same Web site.*

5. REFERENCES

a. DHHS Panel on Clinical Practices for Treatment of HIV Infection. Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents. January 10, 2011; 1-174. Available at <http://aidsinfo.nih.gov/contentfiles/AdultandAdolescentGL.pdf>. Accessed 19 May 2011.

b. Centers for Disease Control and Prevention. Treating Opportunistic Infections Among HIV-Infected Adults and Adolescents: Recommendations from CDC, the National Institutes of Health, and the HIV Medicine Association/Infectious Diseases Society of America. Morbidity and Mortality (MMWR) 2009; 58(No. RR-4):1-206. Available at http://aidsinfo.nih.gov/contentfiles/Adult_OI_041009.pdf. Accessed 19 May 2011

6. FOLLOW-UP RESPONSIBILITY: The Director, Office of Clinical Public Health Programs, Public Health Strategic Health Care Group (10P3B), is responsible for the contents of this Directive. Questions may be referred to (202) 461-1040.

7. RESCISSION: VHA Directive 2005-027 is rescinded. This VHA Directive expires May 31, 2016.

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