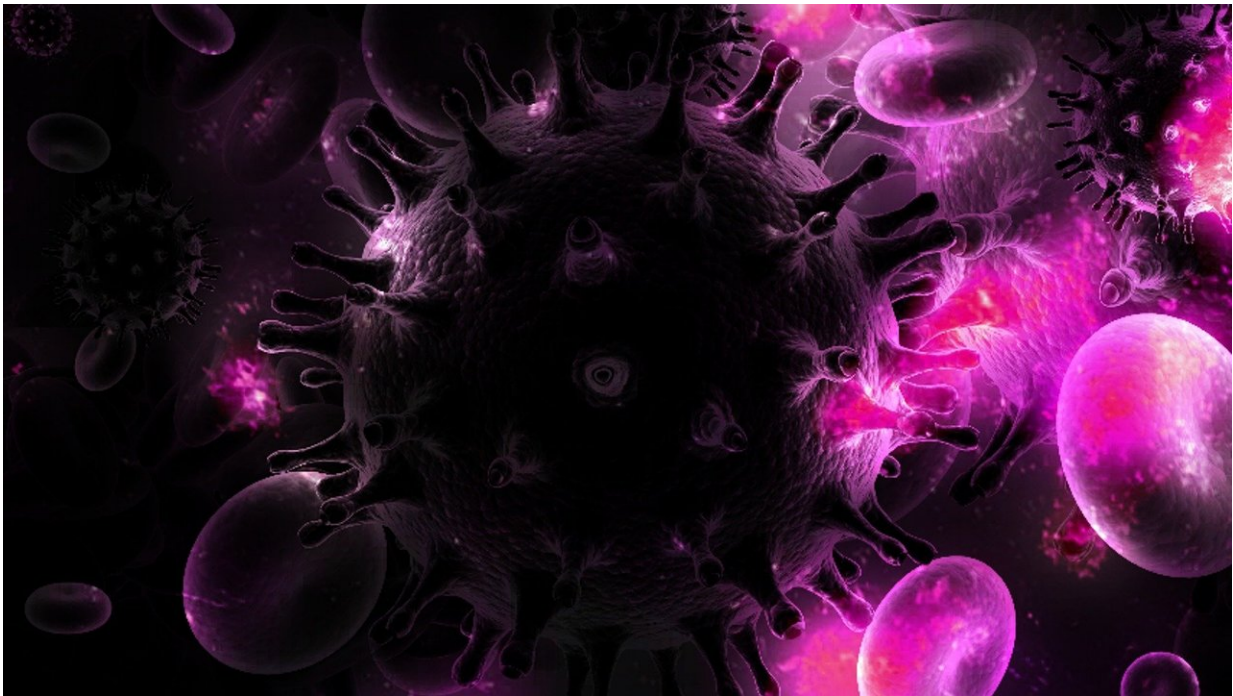


# New guidelines for treatment and prevention of HIV infection in adults

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The International Antiviral Society-USA Panel has released updated recommendations for the treatment and prevention of HIV infection in adults, published in the *Journal of the American Medical Association*. Michael Saag, M.D., director of the University of Alabama at Birmingham's Center for AIDS Research, served as the article's lead author.

The recommendations, developed by a volunteer panel of international experts in HIV research and patient care, outline new findings, drugs, approaches and data as updates to previous recommendations from 2016. They are intended to be used as guidelines by clinicians moving forward.

The recommendations indicate that continued advances in the development of [antiretroviral drugs](#) for HIV prevention and [treatment](#) are necessary and are contributing to improved clinical management and outcomes for individuals at risk for or living with HIV.

"The recommendations reflect the joint commitment of researchers working to collectively improve clinical outcomes and treatments available for all at-risk or infected HIV patients," said Saag, professor of medicine in UAB's Division of Infectious Diseases. "We know that [antiretroviral therapy](#) is the cornerstone of prevention and management of HIV infection; but it's critical to continually evaluate new data and treatments for initiating therapy, monitoring individuals starting therapy, changing regimens and preventing HIV infection for those at risk, reaffirming the standard of providing the utmost treatment and care possible."

In addition to reconfirming 2016 recommendations of antiretroviral therapy (ART) as a substantial means for HIV treatment and prevention, updated recommendations include but are not limited to:

- Updating initial regimens, focusing primarily on unboosted integrase strand transfer inhibitor (InSTI) regimens
- Encouraging rapid initiation of antiretroviral therapy, including same-day initiation, if feasible
- Recommendations against routine use of mycobacterium avium complex prophylaxis for those with advanced disease on effective antiretroviral therapy

- Recommendations for discontinuation of routine CD4 count lab testing once a patient has sustained undetectable HIV RNA levels for a year and has a CD4 count above 250 cells

An alternative for pre-exposure prophylaxis for those who are uninfected with HIV but remain at risk for infection to now include an episode-based approach where individuals can take preventive ART pills prior to exposure, and a follow-up pill once daily for two days post-exposure

"HIV care continues to evolve, and clinicians and their patients benefit from applying the latest knowledge to keep pace with the many ways this has changed," said Paul Volberding, M.D., professor at the University of California San Francisco and a study co-author. "The latest IAS-USA guidelines continue a tradition of providing a concise and current set of recommendations, and we are proud of how these have captured the directions in our field of medicine."

According to the article, all updated recommendations focus on adults 18 years or older with or at risk for HIV infection with availability to most antiretroviral drugs.

**More information:** *Journal of the American Medical Association* (2018). [DOI: 10.1001/jama.2018.8431](https://doi.org/10.1001/jama.2018.8431)

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