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www.cdcnpin.org	Updates on epidemiologic data and prevention information from the CDC

Abbreviation: CDC, Centers for Disease Control and Prevention.

ANTIRETROVIRAL THERAPY

Combination antiretroviral therapy (ART), also referred to as highly active antiretroviral therapy (HAART), is the cornerstone of management of patients with HIV infection and should be initiated as soon as possible following a diagnosis of HIV infection. One exception to immediate initiation of ART is in the setting of cryptococcal or TB meningitis where several weeks of specific antimicrobial therapy prior to initiation of ART may decrease the risk of severe IRIS. Following the initiation of widespread use of ART in the United States in 1995–1996, marked declines were noted in the incidence of most AIDS-defining conditions ([Fig. 202-34](#)).

Suppression of HIV replication is an important component in prolonging and improving the quality of life for the patient as well as minimizing the risk of transmission of HIV to others. Adequate suppression of HIV replication requires strict adherence to prescribed regimens of antiretroviral drugs. This has been facilitated by the coformulations of antiretrovirals and the development of once-daily and monthly regimens. Unfortunately, many of the most important questions related to the treatment of HIV disease currently lack definitive answers. Among the decisions that need to be made in the context of prescribing ART are selection of the best initial regimen, determining when a given regimen should be changed, and deciding what regimen should be selected when a change is made. The care provider and patient must come to a mutually agreeable plan based on the best available data. In an effort to facilitate this process, the U.S. Department of Health and Human Services makes available on the Internet (<https://clinicalinfo.hiv.gov/en/guidelines>) a series of periodically