



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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2011 Advisory #27: Health Department Releases New HIV Treatment Recommendations

December 1, 2011

DOHMH now recommends offering antiretroviral treatment to any person living with HIV, regardless of the person's CD4 cell count.

Dear Colleagues:

New York City Department of Health and Mental Hygiene (DOHMH) now recommends that healthcare providers offer antiretroviral therapy (ART) to any person living with HIV, regardless of the person's CD4 count.

DOHMH is making this new recommendation for two reasons: to benefit those living with HIV and to benefit their partners. Evidence and additional support for this recommendation include:

- Evidence indicates that ART benefits the health of persons with early HIV infection. One large, observational study demonstrated that patients who initiate ART when CD4 counts are higher than 500 cells/mm³ live longer than those who do not[1], and that untreated HIV infection may lead to a number of non-AIDS-defining illnesses. Currently available ART regimens are now more convenient and better-tolerated than older regimens. Half of the members of the United States Department of Health and Human Services Panel on Antiretroviral Guidelines for Adults and Adolescents[2] support this approach, and the San Francisco Department of Public Health together with the San Francisco General Hospital made a similar recommendation in April 2010[3].
- Recent research has demonstrated that effective HIV treatment prevents HIV transmission. The HIV Prevention Trials Network Study 052 (HPTN 052) found ART to be 96% effective in reducing HIV transmission from an HIV-infected person to an HIV-uninfected partner[4]. This study confirms the large body of evidence from observational studies[5-7], statistical models[8,9], and mother-to-child transmission trials showing that ART can prevent new HIV infections from occurring.

Providers should work with patients to prepare them for the long-term commitment to take medication daily, including addressing potential barriers to adherence prior to initiation. When the decision to initiate treatment is made, ART should be prescribed and monitored by providers with experience in managing ART. Appropriate support should be made available to all who need it in order to maximize retention in care and treatment adherence to ensure successful treatment outcomes.

Additional information about this new recommendation is included in the attached “frequently asked questions” document. Also, please visit www.hivguidelines.org to access HIV clinical guidelines from New York State.

We acknowledge that implementing this recommendation may require changes in the practices of medical and social service providers. We ask that you follow this recommendation in your management of patients with HIV infection. In doing so, you will be improving the health of New Yorkers living with HIV and helping to eliminate new HIV infections in New York.

Sincerely,



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TF/nm

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