



Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents

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What's New in the Guidelines

Updates to the Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents

The Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV Infected Adults and Adolescents document was published in an electronic format that could be easily updated as relevant changes in prevention and treatment recommendations occur.

The editors and subject matter experts are committed to timely changes in this document because so many health care providers, patients, and policy experts rely on this source for vital clinical information.

All changes are developed by the subject matter groups listed in the document (changes in group composition are also promptly posted). These changes are reviewed by the editors and by relevant outside reviewers before the document is altered. Major revisions within the last 6 months are as follows:

November 13, 2018

1. **Hepatitis B Virus Infection:** The panel added information regarding the recently approved two-dose hepatitis B vaccine conjugated to a TLR9 agonist (Heplisav-B). Since there are no data on this vaccine in HIV-infected individuals, we present it as an option with a CIII recommendation. The panel added recommendations regarding considerations to prevent HBV reactivation during immunosuppressive therapy in patients with HBsAg-negative/anti-HBc positive disease: Starting tenofovir/emtricitabine backbone when possible with other options presented if this cannot be given.
2. **Progressive Multifocal Leukoencephalopathy/JC Virus Infection:** The section was updated to reflect current information about the value of plasma PCR and to include updated references on failed therapies.

May 29, 2018

1. **Human Papillomavirus Disease:** The panel added a recommendation for ASC-US with negative reflex HPV: For ASC-US Pap test, if reflex HPV testing is negative, a repeat Pap test in 6-12 months or repeat co-testing in 12 months is recommended. For any result \geq ASC-US on repeat cytology, referral to colposcopy is recommended (**AII**).
2. **Introduction:** The section was updated to reflect current information about the panel's processes, policies, and membership.