What’s New in the Guidelines

Updated: September 01, 2022
Reviewed: September 01, 2022

September 1, 2022

Drug–Drug Interactions Tables

- The Panel on Antiretroviral Guidelines for Adults and Adolescents (the Panel) updated the Drug–Drug Interactions tables (Tables 24a–f) with guidance on the interaction potentials between antiretroviral drugs and antiviral drugs (brincidofovir, cidofovir, or tecovirimat) that are currently being used to treat monkeypox.

January 20, 2022

Early (Acute and Recent) HIV Infection

- In the previous version of the guidelines, the Panel suggested that an HIV RNA level of <10,000 copies/mL in a person suspected to have acute HIV may represent a false-positive test result. The section was updated to revise this threshold. The Panel noted that given the improved sensitivity and specificity of current HIV RNA tests in the presence of compatible symptoms or exposure history, even a low HIV RNA concentration (e.g., <3,000 copies/mL) in the setting of negative or indeterminate HIV antibody test result may represent acute HIV. The Panel noted that, in rare cases, an HIV RNA <3,000 copies/mL may represent a false-positive quantitative test result. In that case, repeat testing should be done to confirm the diagnosis.

- In this revision, the Panel also provided updated information regarding diagnosis of acute HIV in individuals who are receiving pre-exposure prophylaxis and subsequent initiation of antiretroviral therapy (ART).

Discontinuation or Interruption of Antiretroviral Therapy

- This section has been updated to include discussions regarding discontinuation or interruption of long-acting antiretroviral drugs, including ibalizumab and the intramuscular formulations of cabotegravir and rilpivirine. The section also includes discussions regarding steps to take before and during ART interruption for people with HIV who participate in clinical trials that involve analytical treatment interruptions.