ALL RECOMMENDATIONS

Long-Term Nonprogressors and Elite Controllers
- Decisions to initiate ART in long-term nonprogressors (A2) and elite controllers (A3) should be individualized.
- Clinicians should consult with a provider experienced in the management of ART when considering whether to initiate ART in long-term nonprogressors and elite controllers. (A3)

Patients with Acute OIs
- Clinicians should recommend that patients beginning treatment for acute opportunistic infections (OIs) initiate ART within 2 weeks of OI diagnosis (see next recommendation for exceptions). (A1)
- Clinicians should not immediately initiate ART in patients with tuberculosis meningitis or cryptococcal meningitis. (A1)
- Consultation with a clinician with experience in management of ART in the setting of acute OIs is recommended. (A3)
- For all other manifestations of tuberculosis (TB), clinicians should initiate ART in patients with HIV as follows:
  - For patients with CD4 counts ≥50 cells/mm³: as soon as they are tolerating anti-TB therapy and no later than 8 to 12 weeks after initiating anti-TB therapy (A1)
  - For patients with CD4 counts <50 cells/mm³: within 2 weeks of initiating anti-TB therapy (A1)

Notes:
- For recommendations on initiating ART in pregnant women with HIV, refer to the DHHS Recommendations for the Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV Transmission in the United States.
- Initial ART regimens for patients with chronic hepatitis B must include NRTIs that are active against hepatitis B. See the NYSDOH AI guideline HBV-HIV Coinfection.
  - In co-infected patients with HCV, attention should be paid to interactions between the planned ART and HCV therapy.

ALL RECOMMENDATIONS (continued from P.3)
KEY POINT

For HIV therapy to be successful over time, the initiation of ART should involve both the selection of the most appropriate regimen and the acceptance of the regimen by the patient, bolstered by education and adherence counseling. All are critical in achieving the goal of durable and complete viral suppression.

- See the NYSDOH AI guideline Selecting an Initial ART Regimen.

RESOURCES

- The CEI Line provides primary care providers in New York State the opportunity to consult with clinicians who have experience managing ART. The CEI Line can be reached at 1-866-637-2342 or 1-585-273-2793.
- The AIDS Institute maintains a voluntary NYSDOH AIDS Institute Provider Directory to assist with identification of experienced providers in New York State.
- Experienced providers can also be identified through the American Academy of HIV Medicine (AAHIVM) and the HIV Medicine Association (HIVMA).

Use this code with your phone’s QR code reader to go directly to a mobile-friendly version of the guideline.

This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline When to Initiate ART. The full guideline is available at www.hivguidelines.org.