



March 23, 2009

Dear Colleague:

Today, the Centers for Disease Control and Prevention's (CDC) *Morbidity and Mortality Weekly Report* (MMWR) is posting online the 2009 *Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents: Recommendations from CDC, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America* (officially published April 10, 2009 as MMWR Volume 58, Reports and Recommendations No. 4). This publication will replace the draft version of the *Guidelines* posted electronically on June 18, 2008 at www.aidsinfo.nih.gov. The purpose of this letter is to alert you of the dissemination of the *Guidelines* and to describe its content, as well as provide information on where to obtain copies. A parallel version of these guidelines for HIV-infected infants and children will be forthcoming shortly under a separate announcement.

In the United States, the incidence of HIV-associated opportunistic infections (OIs) has declined dramatically, largely due to the advent of simpler, more potent, and less toxic antiretroviral therapy. However, we should not be falsely reassured that OIs are soon to become a thing of the past. Despite declines in their incidence and major improvements in their prevention and treatment, OIs remain a leading cause of hospitalization and death for persons living with HIV infection. Because most of the existing clinical workforce was trained in OI management during an earlier era when these infections were more prevalent, it is critical that resources such as these guidelines be available for newer clinicians who may have had less experience with these infections but are likely to encounter them during their career.

These *Guidelines* are intended for use by clinicians and other health-care providers, HIV-infected patients, and policy makers in the United States. They were developed by a panel of more than 140 experts from the U.S. government and academic institutions. These *Guidelines* combine and replace two separate MMWR publications: the 2002 *Guidelines for preventing opportunistic infections among HIV-infected persons: recommendations of the US Public Health Service and the Infectious Diseases Society of America* and the 2004 *Treating opportunistic infections among HIV-infected adults and adolescents: recommendations from CDC, the National Institutes of Health, and the HIV Medicine Association/ Infectious Diseases Society of America*.

The 2009 *Guidelines* address OIs that occur in the United States and five OIs that may be acquired during international travel. Topic areas covered for each OI include: prevention of exposure, prevention of disease by chemoprophylaxis and vaccination, discontinuation of primary prophylaxis after immune reconstitution, treatment of disease, monitoring for adverse effects of treatment and disease, management of treatment failure, prevention of disease recurrence, discontinuation of secondary prophylaxis, and special considerations during

pregnancy and with regard to immune reconstitution inflammatory syndromes. For each OI, a small group with subject matter expertise reviewed the literature for new information since the previous guidelines' publication and proposed revised recommendations at a meeting at the National Institutes of Health (NIH) in May 2007. Following these presentations and discussion, the revised guidelines were further reviewed and approved by NIH, CDC, and HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA).

The new *Guidelines* will be available on March 23, 2009, at:
http://www.cdc.gov/mmwr/mmwr_rr.html (MMWR website) or
<http://www.aidsinfo.nih.gov/Guidelines/> (AIDSInfo website).

We could not accomplish this task without the collaboration of NIH and the HIVMA, as well as the many persons who volunteered to participate in the development of these *Guidelines*. We hope you will find them a valuable source of information to maximize prevention strategies and to promptly recognize, accurately diagnose, and properly treat and manage OIs in order to ensure that HIV- infected patients continue receiving the highest quality care possible in the United States.

Sincerely,

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