USE OF ANTIRETROVIRAL AGENTS AND THE PREVENTION AND TREATMENT OF OPPORTUNISTIC INFECTIONS IN HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTED VETERANS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive describes VHA policy on the use of antiretroviral agents in the prevention and treatment of opportunistic infections in Human Immunodeficiency Virus (HIV) infected adults.

2. SUMMARY OF MAJOR CHANGES: This updated VHA directive includes the following changes:

    a. Updated links to guidelines for the “Use of Antiretroviral Agents in Human Immunodeficiency Virus (HIV) Infected Adults and Adolescents” and the guidelines for “the Prevention of Opportunistic Infections in Persons with Human Immunodeficiency Virus (HIV).”

    b. Renaming of the Public Health Strategic Healthcare Group to HIV, Hepatitis and Related Conditions Programs (HHRC).


4. RESPONSIBLE OFFICE: The Director, HIV, Hepatitis, and Related Conditions Programs (HHRC) is responsible for the content of this directive. Questions may be addressed to the Office of Specialty Care Services in the Office of the Deputy Under Secretary for Health for Policy and Services (10P), or directly to HHRC at VHAHHRC@va.gov.


6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of May 2022. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

Poonam Alaigh, MD
Acting Under Secretary for Health

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USE OF ANTIRETROVIRAL AGENTS AND THE PREVENTION AND TREATMENT OF OPPORTUNISTIC INFECTIONS IN HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTED VETERANS

1. PURPOSE

This Veterans Health Administration (VHA) directive provides guidelines for the clinical management of Human Immunodeficiency Virus (HIV), including the use of antiretroviral medications and guidelines for the prevention and treatment of opportunistic infections due to HIV disease. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b) and 38 U.S.C. 1724.

2. BACKGROUND

a. Since 1998, national guidelines to inform HIV management have been published by the Department of Health and Human Services (DHHS). These guidelines have evolved as antiretroviral development and HIV research have impacted HIV management. They are currently released by the DHHS Panel on Antiretroviral Guidelines for Adults and Adolescents, a workgroup of the Office of AIDS Research Advisory Council, (see paragraph 5.f.).

b. National guidelines for the prevention and treatment of opportunistic infections due to HIV have been published since 1995 by various panels. The current guidelines are published by the Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents with recommendations from the Centers for Disease Control and Prevention (CDC), the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America (see paragraph 5.g.).

c. VHA has previously adopted the January 28, 2000, version and subsequent versions and updates of the DHHS “Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents” (see paragraph 5.c.) and the August 20, 1999, version and subsequent versions and updates of the “1999 U.S. Public Health Service (USPHS) and Infectious Diseases Society of America (IDSA) Guidelines for the Prevention of Opportunistic Infections in Persons with Human Immunodeficiency Virus” as its official guidelines (see paragraph 5.i.) as its official guidelines.

3. POLICY

It is VHA policy that, when treating HIV-infected Veterans enrolled in VA care, VHA will adhere to all applicable VA regulation and policy and the most current DHHS guidelines on antiretroviral treatment of HIV-infected patients, as well as on prevention and treatment of opportunistic infections in HIV-infected adults and adolescents. The recommendations contained in these guidelines are not intended to be a substitute for the judgment of a clinician who is an expert in the care of HIV-positive individuals.
4. RESPONSIBILITIES

   a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for ensuring compliance with this directive.

   b. **Deputy Under Secretary of Health for Operations and Management.** The Deputy Under Secretary of Health for Operations and Management (10N), or designee, is responsible for:

      (1) Communicating the contents of this directive to each of the Directors of the Veterans Integrated Services Networks (VISN).

      (2) Ensuring that each VISN Director has the resources required to support the fulfillment of the terms of this directive in all of the VA health facilities within that VISN.

      (3) Confirming that each VISN has and utilizes on an ongoing basis a means for ensuring the terms of this directive are fulfilled in all the VA health facilities of the VISN.

      (4) Communicating information from VA medical facilities to 10P4 and HHRC.

   c. **Deputy Under Secretary for Health for Policy and Services.** The Deputy Under Secretary for Health for Policy and Services (10P), or designee, is responsible for providing policy to ensure national administrative and clinical oversight of HHRC programs. The policy will be used to support the Deputy Under Secretary for Health for Operations and Management’s operational oversight to ensure all facilities providing HIV clinical care are in compliance with DHHS “Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents” (see paragraph 5.f.) and the CDC “Guidelines for Prevention and Treatment of Opportunistic Infection in HIV-Infected Adults and Adolescents” (see paragraph 5.g.) are adopted as official VHA guidelines. **NOTE:** These documents are available at [https://aidsinfo.nih.gov](https://aidsinfo.nih.gov). (This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.) For more information, see [http://www.hiv.va.gov/provider/policy/index.asp](http://www.hiv.va.gov/provider/policy/index.asp).

   d. **HIV, Hepatitis, and Related Conditions Programs (HHRC), Director.** The HHRC Director, or designee, is responsible for communicating changes of the DHHS “Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents” (see paragraph 5.f.) and the CDC “Guidelines for Prevention and Treatment of Opportunistic Infection in HIV-Infected Adults and Adolescents” (see paragraph 5.g.). **NOTE:** These documents are available at [https://aidsinfo.nih.gov](https://aidsinfo.nih.gov). (This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.) For more information, see [http://www.hiv.va.gov/provider/policy/index.asp](http://www.hiv.va.gov/provider/policy/index.asp).

   e. **Veterans Integrated Service Network (VISN) Director.** The VISN Director, or designee, is responsible for ensuring VA medical facility Directors adhere to this directive.
f. **VA Medical Facility Director.** Each VA medical facility Director, or designee, is responsible for ensuring the current versions of the DHHS “Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents” (see paragraph 5.f.) and the CDC “Guidelines for Prevention and Treatment of Opportunistic Infection in HIV-Infected Adults and Adolescents” (see paragraph 5.g.) are adopted as official VHA guidelines. **NOTE:** These documents are available at [https://aidsinfo.nih.gov](https://aidsinfo.nih.gov). (This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.) For more information, see [http://www.hiv.va.gov/provider/policy/index.asp](http://www.hiv.va.gov/provider/policy/index.asp).

g. **VA Facility Chief of Staff.** Each VA facility Chief of Staff, or designee, is responsible for ensuring the current versions of the DHHS “Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents” (see paragraph 5.f.) and the CDC “Guidelines for Prevention and Treatment of Opportunistic Infection in HIV-Infected Adults and Adolescents” (see paragraph 5.g.) are adopted as official VHA guidelines. **NOTE:** These documents are available at [https://aidsinfo.nih.gov](https://aidsinfo.nih.gov). (This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.) For more information, see [http://www.hiv.va.gov/provider/policy/index.asp](http://www.hiv.va.gov/provider/policy/index.asp).

5. REFERENCES

   a. VHA Directive 1088, Communicating Test Results to Providers and Patients.


   c. VHA Directive 1304, National Human Immunodeficiency Virus (HIV) Program.

   d. VHA Directive 2011-026, Clinical Case Registry (CCR) Software: Maintenance and Clinical Staff Support, or subsequent policy issue.

   e. VHA Handbook 1004.01, Informed Consent for Clinical Treatments and Procedures, or subsequent policy issue.


control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.

h. Panel on Clinical Practices for Treatment of HIV Infection convened by the Department of Health and Human Services (DHHS) and the Henry J. Kaiser Family Foundation. Leadership of the Panel consists of Anthony S. Fauci, National Institutes of Health, Bethesda, MD (co-chair); John G. Bartlett, Johns Hopkins University, Baltimore, MD (co-chair); Eric P. Goosby, DHHS (co-convener); and Jennifer Kates, Henry J. Kaiser Foundation (co-convener). Available at https://aidsinfo.nih.gov/contentfiles/adultandadolescentgl01282000010.pdf. NOTE: This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.