



HIV/AIDS Bureau

November 18, 2014

Dear Ryan White HIV/AIDS Program Colleagues:

In May 2014, the U.S. Department of Health and Human Services (HHS) updated the HHS guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents (HHS treatment guidelines). [The recommended frequency of CD4 count monitoring changed, reflecting the continuing evolution of HIV care.](#) The CD4 count test remains the most important indicator of immune function. However, for patients with sustained virologic control and adequate immunologic recovery, the CD4 count test provides limited information and rarely leads to a change in clinical management; therefore, many patients who are stable and doing well on treatment may need less frequent CD4 testing or none at all.

The Ryan White HIV/AIDS Program legislation, codified in title XXVI of the Public Health Service (PHS) Act, requires that grantees utilize the HHS treatment guidelines as the basis of their clinical care and quality management programs (See §§ 2604(h)(5), 2618(b)(3)(E), 2664(g)(5), and 2671(f)(2) of the PHS Act). This includes following the HHS treatment guidelines with regards to frequency of CD4 count testing and all other components of HIV treatment. Grantees and funded service providers should follow the HHS treatment guidelines, and not require CD4 counts be performed when this test is not clinically indicated.

The change in the HHS treatment guidelines regarding CD4 testing frequency has prompted questions regarding the reporting of CD4 count tests in the Ryan White Services Report and the AIDS Drug Assistance Program Data Report. Both of these data reports will continue to collect data on CD4 count tests. The Health Resources and Services Administration's HIV/AIDS Bureau (HRSA/HAB) recognizes that there will be a reduction in the number of CD4 count tests that are reported as a result of the change in the HHS treatment guidelines. Grantees and their funded service providers should perform CD4 count tests as recommended in the HHS treatment guidelines. The requirement to report data to HRSA/HAB should not impact the decision to perform laboratory tests, screenings, or other aspects of HIV care and treatment. It is important to use the HHS guidelines to drive HIV care and treatment as we focus on the goals of the National HIV/AIDS Strategy and on the elimination of new HIV infections.

If you have any questions, please contact your HRSA/HAB project officer.

Sincerely,

Laura W. Cheever /s/

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