Supplementary Online Content


**eTable.** Selected HIV Tests

**eMethods.** The Process of Recommendation Development; Example of a Literature Search Update; and Literature Searches Conducted in PubMed by the IAS-USA for the IAS-USA HIV Prevention Recommendations Panel Members

**eAppendix.** The Volunteer IAS–USA Board of Directors, May 2014; The IAS–USA HIV Prevention Recommendations Panel; and Working Sections of the IAS-USA HIV Prevention Recommendations Panel

**eReferences**

This supplementary material was provided by the authors to give readers additional information about their work.
<table>
<thead>
<tr>
<th>Trade Name</th>
<th>Format</th>
<th>Specimen</th>
<th>Use</th>
<th>Manufacturer</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
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<tbody>
<tr>
<td>Abbott Prism HIV O Plus</td>
<td>CIA</td>
<td>Plasma/serum/cadaveric serum</td>
<td>Diagnostic, donor screening</td>
<td>Abbott Laboratories Abbott Park, IL US License 0043 Approved: 9/18/2009</td>
<td>100%&lt;sup&gt;1&lt;/sup&gt; (93.94-100)</td>
<td>100%&lt;sup&gt;1&lt;/sup&gt; (93.62-100)</td>
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<td>Genetic Systems HIV-1/HIV-2 Plus O EIA</td>
<td>EIA</td>
<td>Plasma/serum/cadaveric serum</td>
<td>Diagnostic, donor screening</td>
<td>Bio-Rad Laboratories Redmond, WA US License 1109 Approved: 8/5/2003</td>
<td>100%&lt;sup&gt;2&lt;/sup&gt; (99.47-100)</td>
<td>100%&lt;sup&gt;2&lt;/sup&gt; (99.47-100)</td>
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<td>CMIA</td>
<td>Plasma/serum</td>
<td>Diagnostic</td>
<td>Siemens Healthcare Diagnostics, Inc Approved: 5/18/2006</td>
<td>100%&lt;sup&gt;3&lt;/sup&gt; (98.49-100)</td>
<td>99.90%&lt;sup&gt;3&lt;/sup&gt; (99.79-99.96)</td>
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<td>Multispot HIV-1/HIV-2 Rapid Test</td>
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<td>Plasma/serum</td>
<td>Diagnostic</td>
<td>Bio-Rad Laboratories Redmond, WA US License 1109 Approved: 11/12/2004</td>
<td>100%&lt;sup&gt;5&lt;/sup&gt; (99.94-100)</td>
<td>99.91%&lt;sup&gt;5&lt;/sup&gt; (99.77-100)</td>
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<tr>
<td>SURE CHECK HIV 1/2 ASSAY</td>
<td>Rapid immunoassay</td>
<td>Plasma, serum, whole blood (venipuncture, finger stick)</td>
<td>Diagnostic; point-of-care test</td>
<td>Chembio Diagnostic Systems, Inc Medford, NY Approved: 5/25/2006</td>
<td>99.7%&lt;sup&gt;6&lt;/sup&gt; (98.9-100)</td>
<td>99.9%&lt;sup&gt;6&lt;/sup&gt; (99.6-100)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Test Name</th>
<th>Type</th>
<th>Sample Type</th>
<th>Designation</th>
<th>Manufacturer</th>
<th>Approval Date</th>
<th>Sensitivity (%)</th>
<th>Specificity (%)</th>
</tr>
</thead>
</table>
| HIV 1/2 STAT-PAK ASSAY                         | Rapid immunoassay       | Plasma, serum, whole blood (venipuncture, finger stick) | Diagnostic; point-of-care test | Chembio Diagnostic Systems, Inc Medford, NY Approved: 5/25/2006 | 99.7%<sup>*</sup> (98.9-100) | 99.9%<sup>*</sup> (98.6-100)
| OraQuick ADVANCE Rapid HIV-1/2 Antibody Test  | Rapid immunoassay       | Oral fluid, plasma, whole blood (venipuncture, finger stick) | Diagnostic; point-of-care test | OraSure Technologies Bethlehem, PA Approved: 11/7/2002 and 6/22/2004 | 100%<sup>**</sup> (98.2-100) | 99.8%<sup>**</sup> (99.6-99.9)
| Chembio DPP® HIV 1/2 Assay                    | Rapid Immuno-chromatographic Assay | Oral fluid, plasma, serum, whole blood (venipuncture, finger stick) | Diagnostic; point-of-care test | Chembio Diagnostic Systems, Inc. Medford, NY Approved: 12/19/2012 | 98.9%<sup>**</sup> (98.0-99.4) | 99.9%<sup>**</sup> (99.7-99.9)
| Uni-Gold™ Recombigen® HIV-1/2                 | Rapid EIA               | Plasma, serum, whole blood (venipuncture, finger stick) | Diagnostic; point-of-care test | Trinity Biotech Jamestown, NY Approved: 12/23/2003 02/04/2013 | 100%<sup>**</sup> (99.5-100) | 99.8%<sup>**</sup> (99.2-100)

### Anti–HIV-1/HIV-2 and HIV-1 Antigen Combination Assays (detect HIV-1 antigen and antibodies to HIV types 1 and 2)

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Type</th>
<th>Sample Type</th>
<th>Designation</th>
<th>Manufacturer</th>
<th>Approval Date</th>
<th>Sensitivity (%)</th>
<th>Specificity (%)</th>
</tr>
</thead>
</table>
| ARCHITECT HIV Ag/Ab Combo                     | CMIA    | Plasma/serum | Diagnostic  | Abbott Laboratories Abbott Park, IL US License 0043 Approved: 6/18/2010 | 100%<sup>**</sup> (94.48-100) | 100%<sup>**</sup> (99.18-100)
| GS HIV Ag/Ab Combo EIA                        | EIA     | Plasma/serum | Diagnostic  | Bio-Rad Laboratories Redmond, WA US License 1109 Approved: 7/22/2011 | 100%<sup>**</sup> (99.70-100) | 99.87%<sup>**</sup> (99.76-99.93)

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| Alere Determine HIV-1/2 Ag/Ab Combo | Immunoassay | Plasma, serum, whole blood (venipuncture, finger stick) | Diagnostic; point-of-care test | Alere Scarborough, Inc. Scarborough, ME Approved: 8/8/2013 | 99.9%\(^\text{13}\) (99.4-100) | 99.8%\(^\text{13}\) (99.5-99.9) |

Abbreviations: CIA, chemiluminescent immunoassay; CMIA, chemiluminescent microparticle immunoassay; EIA, enzyme immunoassay.

*Values for oral fluid

Adapted from Food and Drug Administration.\(^{14}\) For updated information on these and new HIV tests please visit The US Food and Drug Administration at http://www.fda.gov/BiologicsBloodVaccines/BloodBloodProducts/ApprovedProducts/LicensedProductsBLAs/BloodDonorScreening/InfectiousDisease/UCM080466
eMethods. The Process of Recommendation Development

I. Origin

The need for developing evidence-based HIV prevention recommendations for clinicians was initially raised to current members of the International Antiviral Society–USA (IAS–USA) Board of Directors by Margaret Fischl, MD, a former volunteer Board member. A not-for-profit organization dedicated to delivering continuing medical education (CME) on HIV and viral hepatitis to physicians and other health care practitioners, the IAS–USA has published evidence-based recommendations for viral load monitoring, antiretroviral therapy, HIV drug resistance testing, cytomegalovirus (CMV) infection, and the metabolic complications of antiretroviral therapy.15-32 In addition to the published recommendations, the IAS–USA serves as the collaborating partner for the American Association for the Study of Liver Diseases (AASLD)/Infection Diseases Society of America (IDSA)/IAS–USA hepatitis C virus (HCV) Guidance (www.HCVguidelines.org) and is responsible for providing expertise and administrative support to HCV Guidance Panel members and processes.

Acknowledging the lack of a current comprehensive source for clinicians on recommendations for prevention of HIV transmission, the IAS–USA Board of Directors (eAppendix) agreed to initiate and fund a panel to develop HIV prevention recommendations. Carlos del Rio, MD, and Constance Benson, MD, current volunteer members of the IAS–USA Board of Directors, agreed to serve on the IAS–USA HIV Prevention Recommendations Panel as Board representatives, with Dr del Rio serving as a Panel Cochair.

II. The IAS–USA

The mission of the IAS–USA is to improve the treatment, care, and quality of life for people with HIV, HCV, or other viral infections through high-quality, relevant, balanced, and needs-oriented education and information for practitioners who are actively involved in medical care. The educational activities are particularly intended to bridge clinical research and patient care. The IAS–USA is accredited with commendation by the Accreditation Council for Continuing Medical Education (ACCME).

Nonstaff members of the IAS–USA Board of Directors serve in a volunteer capacity and are not compensated for their roles in oversight and governance of the organization. As part of its duties, the Board oversees the development of the educational programs. The IAS–USA delivers annual CME programs on HIV and HCV that include live courses; live intensive, interactive workshops; live webinars; online interactive activities in the series Cases on the Web (COW); and the peer-reviewed, indexed journal Topics in Antiviral Medicine.™ In addition, IAS–USA serves as the Conference Secretariat and CME sponsor for the annual Conference on Retroviruses and Opportunistic Infections (CROI).

This work is supported and funded by the IAS-USA, a mission-based, nonmembership, 501(c)(3) not-for-profit organization. The IAS–USA appointed members to the IAS–USA HIV Prevention Recommendations Panel to develop the recommendations and provided staff support. Donna Jacobsen, President and Executive Director, contacted potential Panel members, served as a consultant on the guidelines panel consensus process, and provided oversight. Jennifer Ham, Senior Project Manager, managed the Panel process and the development of the manuscript. Terry O’Donnell conducted the literature searches for Panel members on behalf of the IAS-USA. Other IAS-USA editorial and support staff contributed to the to the effort.

III. Identifying and Screening Panel Members

Initial discussions among members of the IAS–USA Board of Directors 1) emphasized the need for an integrated approach that included both biomedical and behavioral prevention interventions, and 2) generated a list of potential panel members, leaders in the field of biomedical and behavioral HIV prevention research and clinical care, who could evaluate the current evidence. In recommending potential participants for the Panel, the IAS–USA Board considered individuals who 1) are recognized as authorities in HIV prevention research and clinical care, 2) have academic appointments in major medical teaching institutions, and 3) have the ability to work in a collaborative consensus process. In addition, the Board emphasized the need for an international perspective and representation from the biomedical and behavioral research communities.
The IAS–USA contacted recommended Panel participants from the United States, China, India, South Africa, France, Brazil, and Canada, to discuss their availability, interest, and potential conflicts of interest. Like the IAS–USA Board of Directors, participants in IAS–USA panels are volunteers and receive no financial compensation. In joining the Panel, members agreed to commit substantial time to the effort and to participate in a consensus process.

It is the policy of IAS–USA to ensure balance, independence, objectivity, and scientific rigor in all its educational activities. All parties with control over the content of IAS–USA activities are required to disclose to the organization and activity audience any financial interest or other relationship with the manufacturer(s) of any commercial product(s) or provider(s) of commercial services with interests discussed in the activity (eg, presentation, article, etc) within the past 12 months. Financial interests or other relationships can include receipt of grants or research support, status as employee or consultant, stock or options holder, paid lecturer, paid writer or author, or member of speakers bureau, of the party or of his or her spouse or partner. The ACCME defines a financial interest as an interest of any dollar amount. Individuals who refuse to disclose financial interests will not participate in the activity.

It is IAS–USA policy to separate commercial promotion from its core educational and informational activities. Individuals who conduct marketing or promotional activities for commercial firms may not contribute to IAS–USA programs. A marketing or promotional activity includes any activity in which the commercial entity controls key elements, such as speaker or topic selection, that could be used to serve the entity’s commercial interests (eg, speakers bureaus, advertorials, etc). Individuals may not participate in most IAS–USA programs for 12 months after functioning in a promotional or marketing effort for a commercial firm (CROI allows speakers with promotional ties to industry, if their research or work passes peer review). In addition to disclosing potential conflicts of interest at the outset of an activity, IAS–USA faculty (and Panel members) agree not to participate in any promotional activity on behalf of a pharmaceutical or medical device company (eg, serve on a speakers bureau, as a paid lecturer, or a similar contribution) until after the completion of this activity.

IAS–USA policy requires that it resolve any real or apparent conflicts of interest that may influence the development, content, or delivery of its educational activities prior to the activity being delivered to learners. The IAS–USA has several mechanisms for resolving conflicts of interest in educational activities. If the conflict of interest cannot be resolved through these mechanisms, the party will be removed from the activity. It is the policy of IAS–USA to publish the financial interests of all parties in control of the content of its activities on activity materials or, in cases where space is limited (eg, reprints of figures), on the IAS–USA website through a web address printed on the activity material. This information will also be provided directly by the IAS–USA office upon request.

It should be understood that other organizations may have different policies with regard to financial conflicts and with regard to the time period covered in the disclosure of financial conflicts. In collaborative projects (eg, publication of materials in medical literature), the IAS–USA may adhere to the additional disclosure and conflict-of-interest policies of the collaborating journal.

IV. The IAS–USA HIV Prevention Recommendations Panel

The members of the IAS–USA HIV Prevention Recommendations Panel are listed in the eAppendix. Jeanne M. Marrazzo, MD, MPH, and David R. Holtgrave, PhD, were confirmed as Co-chairs, respectively representing the clinical and behavioral aspects of HIV prevention, to work with Dr del Rio in guiding the Panel process. The Co-chairs and the IAS–USA met by conference call to discuss the goals of the Panel, the balance of the Panel and the need for expertise on specific topics, and the IAS–USA experience with evidenced-based, consensus-recommendation development.

The IAS–USA HIV Prevention Recommendations Panel met in person in March 2013 and April 2013, at the start of the initiative. Panel members who were unable to travel were connected to the meetings by conference call and those with schedule conflicts were sent meeting summary notes for review and comment. For the remainder of the process, the full Panel and subgroups of the Panel met by conference call; a total of 8 full-Panel and 10 subgroup conference calls were held. Conference call summary notes were circulated to the Panel or to the Section participants for review and comment.
Over the course of the development of the recommendations, participation in Panel discussions and contributions to development and review of draft materials were tracked for each Panel member and levels of participation required for authorship were established.

V. Model for Developing and Rating the Recommendations

At the first meeting, the Panel discussed systematic approaches to reviewing evidence and developing recommendations and agreed to use the model used in previous IAS–USA guidelines panels. In this model, the Panel is divided by topic into working Sections, each with a Section Leader. These Sections are responsible for defining the criteria for literature searches, reviewing and screening evidence, developing preliminary recommendations, and presenting these to the full Panel for debate and consensus.

The selected rating system (Table 1 in article) combines 2 ratings for each recommendation. One rates the strength of the recommendation (strong, moderate, or limited support) and the other rates the quality of the evidence (ranging from Ia, based on evidence from 1 or more randomized controlled clinical trials published in the peer-reviewed literature, to III, based on the panel’s analysis of the accumulated available evidence).33

VI. Approach to the HIV Prevention Evidence

At the first meeting, the Panel agreed on the purpose and scope of the initiative and on 5 content Sections:

Purpose: Review the current biomedical and behavioral evidence on the prevention of HIV infection and create evidence-based recommendations for clinicians that integrate these approaches

Primary audience: Clinicians

Secondary audiences: Public health professionals, policy makers, and payers

Scope: The Panel agreed to avoid distinguishing between resource-limited or resource-rich settings, preferring to create recommendations based on all available evidence that could serve as the ideal approach for HIV prevention in any setting.

Content Sections:

1. HIV Testing and Serostatus
2. Prevention Interventions for Persons Living with HIV Disease
3. Prevention Interventions for HIV-Uninfected Persons
4. Movement Across the Treatment Cascade: Individual-Level Interventions
5. Movement Across the Treatment Cascade: Social/Community Level Interventions

The Panel acknowledged that there would be overlap in the evidence among these content Sections but decided to explore the issues separately before combining and summarizing the material. In addition, the Panel agreed that prevention of mother-to-child HIV transmission (PMTCT) was an area of expertise beyond the scope and purpose of this paper; moreover, guidelines for approaches to PMTCT implementation are widely available for a diversity of settings.

The Cochairs assigned Panel members to content Sections based on their expertise and Section Leaders were appointed (eAppendix). Two Panel members, Jeremy Sugarman, MD, MPH, and Rochelle Walensky, MD, MPH, were not assigned to specific Sections but were asked to review the entire manuscript and add their expertise, comments, and evidence on ethical and cost-effectiveness issues, respectively, that should be addressed.

From June 2013 to September 2013, the 5 Sections met by conference call and e-mail exchange. Initial discussions were used to develop detailed Section outlines, assign participants to draft subsections, and identify key search terms and parameters for literature searches. Summaries of the Section conference calls were distributed to Section members and Panel Cochairs.
VII. Literature Searches

The IAS–USA conducted literature searches in PubMed and Embase with search terms and date ranges provided by individual Panel members based on their assigned subsections (eMethods Table). Search results were reviewed by individual Panel members who screened the evidence based on their knowledge of and experience in the specific topic area. Several Panel members conducted individual literature searches and contributed additional references. Over the course of the effort, relevant new data published or presented in abstract form at major medical conferences were circulated by e-mail among the Panel. Literature searches were not restricted to evidence from randomized controlled trials (RCTs), although RCT evidence was emphasized to the extent possible.

During the revision phase of the manuscript, literature searches in PubMed were updated using the same Medical Subject Headings (MeSH) terms used in the original searches to ensure that no major relevant studies had been missed during the period of manuscript development, submission, and review. Findings from the updated literature searches were sent to the individual authors who requested the original searches. Individual authors were charged with identifying any key evidence that should be included in the revised manuscript.

VIII. Developing the Recommendations

After evidence review and discussion among Section members, individual authors drafted subsections and preliminary recommendations. Section meetings were used to review and discuss subsection drafts, incorporate group revisions, and refine and rate evidence-based recommendations. In September 2013, the full Panel met by conference call and Section Leaders presented the preliminary text and recommendations from their Sections for full-Panel discussion and debate. Panel comments and revisions were incorporated into Section drafts and, in late September 2013, the 5 Sections were combined into a single document.

Dr Marrazzo, a Panel Cochair, assumed the role of primary author and integrated the Sections of the manuscript into a cohesive whole. This stage of the editing process focused on ensuring full coverage of HIV prevention issues while reducing the length of the document; the original integrated manuscript was more than 16,000 words. Repetitive information was minimized, the content was focused on information directly relevant to clinicians, and consistency in voice and format was crafted. During this process, the manuscript draft was reviewed numerous times by the 3 Cochairs and Drs Sugarman and Walensky. Specific queries or issues that arose were answered by the Cochairs or referred to individual subsections for resolution.

In November 2013, the manuscript was circulated to the full Panel for review and comment. Panel conference calls were held in December 2013 and January 2014 for group discussion and input. The primary author, in consultation with the 2 other Cochairs, then incorporated revisions as necessary and the manuscript was submitted to the Journal of the American Medical Association (JAMA).

IX. Manuscript Revision

Editorial and peer-review comments from JAMA were circulated among the Panel, and a Panel conference call was held in May 2014 to discuss revisions. As described above, literature searches were updated to be current through April 2014 and the results of the searches were distributed to individual authors who were asked to identify any recent publications that the Panel should consider (see Supplemental Section Table 1).

The manuscript was revised to include Panel input and the Cochairs met by conference call to approve the revisions. The revised manuscript was circulated to Panel members for review. During review of the revised manuscript, Panel members offered conflicting comments about a specific statement. Cochairs met by conference call to discuss these comments and, subsequently, the full Panel met by conference call to achieve consensus on the statement. Panel members unable to attend the conference call contributed their comments by e-mail.
eMethods. Example of a Literature Search Update

Search: Section E Part 1.4 Retention in Care

Search: ((hiv infection) OR aids) AND retention in care

Search dates: 8/19/2013 to 4/30/2014

Optimization and simplification of antiretroviral therapy for adults and children.

Ford N, Flexner C, Vella S, Ripin D, Vitoria M.
PMID: 24100871 [PubMed - indexed for MEDLINE]
Related citations

High retention in care among HIV-infected patients entering care with CD4 levels &gt;350 cells/μL under routine program conditions in Uganda.

PMID: 23899683 [PubMed - indexed for MEDLINE]
Related citations

High retention among HIV-infected children in Rwanda during scale-up and decentralization of HIV care and treatment programs, 2004 to 2010.

PMID: 23407098 [PubMed - indexed for MEDLINE]
Related citations

Psychosocial support for youth living with HIV.

Martinez J, Chakrabarty R; American Academy of Pediatrics Committee on Pediatric AIDS.
PMID: 24567016 [PubMed - indexed for MEDLINE]
Related citations

Outcomes and impact of HIV prevention, ART and TB programs in Swaziland--early evidence from public health triangulation.

van Schalkwyk C, Mdzebele S, Hlope T, Garcia Calleja JM, Korenromp EL, Stoneburner R, Pervilhac C.
Related citations

Longitudinal changes in engagement in care and viral suppression for HIV-infected injection drug users.

Westergaard RP, Hess T, Astemborski J, Mehta SH, Kirk GD.

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Related citations

A qualitative analysis of the barriers and facilitators to receiving care in a prevention of mother-to-child program in Nkhoma, Malawi.


Jails as an opportunity to increase engagement in HIV care: findings from an observational cross-sectional study.


Retention in care is more strongly associated with viral suppression in HIV-infected patients with lower versus higher CD4 counts.


The importance of caregivers in the outcome of pediatric HIV management, Mombasa, Kenya.


Impact of expanded access to combination antiretroviral therapy in pregnancy: results from a cohort study in Ukraine.


Implementation of mental health service has an impact on retention in HIV care: a nested case-control study in a japanese HIV care facility.


Causes of death and risk factors for mortality among HIV-infected patients receiving antiretroviral therapy in Korea.

Lee SH, Kim KH, Lee SG, Cho H, Chen DH, Chung JS, Kwak IS, Cho GJ.
Retention among ART patients in the Highlands of Papua New Guinea: evaluating the PAPUA model.

Das S, Carmone A, Franke MF, Frank D, Kiromat H, Kaima P, Kiromat M.
PMD: 23846559 [PubMed - indexed for MEDLINE]
Related citations

Risk factors for delayed initiation of combination antiretroviral therapy in rural north central Nigeria.

PMD: 23727981 [PubMed - indexed for MEDLINE]
Related citations

Quality of HIV care in the United Kingdom: key indicators for the first 12 months from HIV diagnosis.

PMD: 24033898 [PubMed - indexed for MEDLINE]
Related citations

Retention in care and health outcomes of transgender persons living with HIV.

Yehia BR, Fleishman JA, Moore RD, Gebo KA.
PMD: 23723203 [PubMed - indexed for MEDLINE]
Related citations

Effects of behavioral stress reduction Transcendental Meditation intervention in persons with HIV.

Chhatre S, Metzger DS, Frank I, Boyer J, Thompson E, Nidich S, Montaner LJ, Jayadevappa R.
PMD: 23394825 [PubMed - indexed for MEDLINE]
Related citations

Initial linkage and subsequent retention in HIV care for a newly diagnosed HIV-infected cohort in Denver, Colorado.

Gardner EM, Daniloff E, Thrun MW, Reirden DH, Davidson AJ, Johnson SC, Wilmoth R, Connick E, Burman WJ.
PMD: 23962912 [PubMed - indexed for MEDLINE]
Related citations

A comparison of HAART outcomes between the US military HIV Natural History Study (NHS) and HIV Atlanta Veterans Affairs Cohort Study (HAVACS).


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Low Papanicolaou smear screening rate of women with HIV infection: a nationwide population-based study in Taiwan, 2000-2010.

Chen YC, Liu HY, Li CY, Lee NY, Ko WC, Chou CY, Hsieh TH, Ko NY.
PMID: 23992102 [PubMed - indexed for MEDLINE]
Related citations


Takahashi LM, Tobin KE, To S, Ou S, Ma CH, Ao FK, Candelario J.
PMID: 24245597 [PubMed - indexed for MEDLINE]
Related citations

The impact of anticipated HIV stigma on delays in HIV testing behaviors: findings from a community-based sample of men who have sex with men and transgender women in New York City.

Golub SA, Gamarel KE.
PMID: 24138486 [PubMed - indexed for MEDLINE]

Decentralised paediatric HIV care in Ethiopia: a comparison between outcomes of patients managed in health centres and in a hospital clinic.

Hagströmer O, Lundstedt L, Balcha TT, Björkman P.
Related citations

HIV and hepatitis C virus testing delays at methadone clinics in Guangdong Province, China.

Xia YH, McLaughlin MM, Chen W, Ling L, Tucker JD.
Related citations

Implementing methadone maintenance treatment in prisons in Malaysia.

Wickersham JA, Marcus R, Kamarulzaman A, Zahari MM, Altice FL.
Related citations

Dental case manager encounters: the association with retention in dental care and treatment plan completion.

PMID: 23451927 [PubMed - indexed for MEDLINE]
Related citations

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Related citations

Factors associated with virological failure in a cohort of combination antiretroviral therapy-treated patients managed at a tertiary referral centre.

Fong R, Cheng AC, Vujovic O, Hoy JF.
PMID: 24119435 [PubMed - indexed for MEDLINE]
Related citations

Adults receiving HIV care before the start of antiretroviral therapy in sub-Saharan Africa: patient outcomes and associated risk factors.

Bastard M, Nicolay N, Szumilin E, Balkan S, Poulet E, Pujades-Rodriguez M.
PMID: 23892242 [PubMed - indexed for MEDLINE]
Related citations

"Working together to reach a goal": MSM's perceptions of dyadic HIV care for same-sex male couples.

Goldenberg T, Clarke D, Stephenson R.
PMID: 24126448 [PubMed - indexed for MEDLINE]
Related citations

Behind the cascade: analyzing spatial patterns along the HIV care continuum.

Eberhart MG, Yehia BR, Hillier A, Voytek CD, Blank MB, Frank I, Metzger DS, Brady KA.
PMID: 24126447 [PubMed - indexed for MEDLINE]
Related citations

Linkage, engagement, and viral suppression rates among HIV-infected persons receiving care at medical case management programs in Washington, DC.

Willis S, Castel AD, Ahmed T, Olejemeh C, Frison L, Khafren M.
PMID: 23982662 [PubMed - indexed for MEDLINE]
Related citations

Comparison of two cohorts of patients presenting with AIDS: patients with previously known HIV diagnoses and true late presenters.

Lee M, Rayment M, Scourfield A, Gazzard B.
PMID: 23698511 [PubMed - indexed for MEDLINE]
Related citations

The effect of conspiracy beliefs and trust on HIV diagnosis, linkage, and retention in young MSM with HIV.
Related citations
The HIV-Brazil Cohort Study: Design, Methods and Participant Characteristics.
Related citations
Correlates of Unstructured Antiretroviral Treatment Interruption in a Cohort of HIV-Positive Individuals in British Columbia.
Related citations
A three-tier framework for monitoring antiretroviral therapy in high HIV burden settings.
Related citations
A Qualitative Study Investigating the Use of a Mobile Phone Short Message Service Designed to Improve HIV Adherence and Retention in Care in Canada (WelTel BC1).
Related citations
Does investment in home visitors lead to better psychological health for HIV-affected families? Results from a quasi-experimental evaluation in South Africa.
Related citations
Factors associated with returning to HIV care after a gap in care in New York State.
Related citations
From Diagnosis to Engagement in HIV Care: Assessment and Predictors of Linkage and Retention in Care Among Patients Diagnosed by Emergency Department Based Testing in an Urban Public Hospital.

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Lost-to-care and engaged-in-care HIV patients in Leningrad Oblast, Russian Federation: barriers and facilitators to medical visit retention.

AIDS Care. 2014 Mar 25. [Epub ahead of print]
PMID: 24666174 [PubMed - as supplied by publisher]
Related citations

Update on HIV in Western Europe.

Nakagawa F, Phillips AN, Lundgren JD.
PMID: 24659343 [PubMed - as supplied by publisher]
Related citations

Patients who return to care after tracking remain at high risk of attrition: experience from a large HIV clinic, Uganda.

Nakiwogga-Muwanga A, Musaazi J, Katabira E, Worodria W, Talisuna SA, Colebunders R.
PMID: 24648320 [PubMed - as supplied by publisher]
Related citations

Descriptive Characteristics and Health Outcomes of the Food by Prescription Nutrition Supplementation Program for Adults Living with HIV in Nyanza Province, Kenya.

Nagata JM, Cohen CR, Young SL, Wamuyu C, Armes MN, Otieno BO, Leslie HH, Dandu M, Stewart CC, Bukusi EA, Weiser SD.
PMID: 24646586 [PubMed - in process]
Related citations

Motivational barriers to retention of at-risk young adults in HIV-prevention interventions: perceived pressure and efficacy.

AIDS Care. 2014 Mar 19. [Epub ahead of print]
PMID: 24641552 [PubMed - as supplied by publisher]
Related citations

Health Outcomes of Infants in a PMTCT Program in Kinshasa.

J Int Assoc Provid AIDS Care. 2014 Mar 17. [Epub ahead of print]
PMID: 24639467 [PubMed - as supplied by publisher]
Related citations


Allam RR, Murhekar MV, Bhatnagar T, Uthappa CK, Chava N, Rewari BB, Venkatesh S, Mehendale S.
PMID: 24627424 [PubMed - in process]
Related citations

Psychosocial Support for Youth Living With HIV.


Follow-Up of Infants Diagnosed with HIV - Early Infant Diagnosis Program, Francistown, Botswana, 2005-2012.


Treatment retention and care transitions during and after the scale-up of HIV care and treatment in Northern Tanzania.


Severe Mental Illness and Retention in Anti-Retroviral Care: A Retrospective Study.


Social Support as a Predictor of Early Diagnosis, Linkage, Retention, and Adherence to HIV Care: Results From The Steps Study.


Retention in Care within 1 Year of Initial HIV Care Visit in a Multisite US Cohort: Who's in and Who's Out?


Mutasa-Apollo T, Shiraishi RW, Takarinda KC, Dzangare J, Mugurungi O, Murungu J, Abdul-Quader A, Woodfill CJ.

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PMID: 24482106 [PubMed - as supplied by publisher]

Retention in care under universal antiretroviral therapy for HIV-infected pregnant and breastfeeding women ('Option B+') in Malawi.

PMID: 24468999 [PubMed - in process]

Dropout and re-enrollment: implications for epidemiological projections of treatment programs.

PMID: 24468946 [PubMed - in process]

Predicted levels of HIV drug resistance: potential impact of expanding diagnosis, retention, and eligibility criteria for antiretroviral therapy initiation.

PMID: 24468943 [PubMed - in process]

Disparities in the quality of HIV care when using US Department of Health and Human Services Indicators.

PMID: 24463281 [PubMed - as supplied by publisher]

Impact of point-of-care CD4 testing on linkage to HIV care: a systematic review.

PMID: 24447595 [PubMed - in process]

Gender Disparities in HIV Treatment Outcomes Following Release From Jail: Results From a Multicenter Study.

Antiretroviral therapy for the prevention of HIV transmission: What will it take?

McNairy ML, El-Sadr WM.
PMID: 24429438 [PubMed - as supplied by publisher]
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Project nGage: Network Supported HIV Care Engagement for Younger Black Men Who Have Sex with Men and Transgender Persons.

PMID: 24404408 [PubMed]
Related citations


Dewing S, Mathews C, Fatti G, Grimwood A, Boulle A.
PMID: 24390683 [PubMed - as supplied by publisher]
Related citations

A pilot cohort study to assess the feasibility of HIV prevention science research among men who have sex with men in Dakar, Senegal.

Dramé FM, Crawford EE, Diouf D, Beyrer C, Baral SD.
Related citations

Retention in psychiatric treatment in a Canadian sample of HIV-positive women.

Sloan EP.
AIDS Care. 2013 Dec 24. [Epub ahead of print]
PMID: 24367912 [PubMed - as supplied by publisher]
Related citations

Efficacy of a new model for delivering integrated TB and HIV services for people living with HIV/AIDS in Delhi - case for a paradigm shift in national HIV/TB cross-referral strategy.

Gupta AK, Singh GP, Goel S, Kaushik PB, Joshi BC, Chakraborty S.
PMID: 24364397 [PubMed - in process]
Related citations

Linkage, initiation and retention of children in the antiretroviral therapy cascade: an overview.

PMID: 24361630 [PubMed - in process]
Related citations

Improved access to early infant diagnosis is a critical part of a child-centric prevention of mother-to-child transmission agenda.

PMID: 24361629 [PubMed - in process]

Related citations

HIV-exposed infants: rethinking care for a lifelong condition.

PMID: 24361628 [PubMed - in process]

Related citations

A systematic review of health service interventions to improve linkage with or retention in HIV care.

Brennan A, Browne JP, Horgan M.
AIDS Care. 2013 Dec 20. [Epub ahead of print]
PMID: 24354712 [PubMed - as supplied by publisher]

Building sustainable organizational capacity to deliver HIV programs in resource-constrained settings: stakeholder perspectives.

Sharma A, Chiliade P, Michael Reyes E, Thomas KK, Collens SR, Rafael Morales J.
Related citations

Barriers and Facilitators to Engagement and Retention in Care among Transgender Women Living with Human Immunodeficiency Virus.

Sevelius JM, Patouhas E, Keatley JG, Johnson MO.
Ann Behav Med. 2013 Dec 7. [Epub ahead of print]
PMID: 24317955 [PubMed - as supplied by publisher]
Related citations

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**eMethods Table.** Literature Searches Conducted in PubMed by the IAS-USA for the IAS-USA HIV Prevention Recommendations Panel Members

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Abbreviations: STI, sexually transmitted infections; ART, antiretroviral therapy

*All searches were filtered for English language, humans, and adults and adolescents.

**Nonmedline searches were also conducted to cover the time between the first posting in PubMed (eg, e-published ahead of print) and indexing for Medline.

***The original search with these terms yielded 4491 citations. The search was narrowed by adding a filter for "Guidelines" and removing the filters for age.
Paul A. Volberding, MD
Professor of Medicine
Co-Director, Center for AIDS Research
Director, AIDS Research Institute
Director of Research, Global Health Sciences
University of California San Francisco
San Francisco, California

Constance A. Benson, MD
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Director, Antiviral Research Center
University of California San Diego
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eAppendix. The IAS–USA HIV Prevention Recommendations Panel

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*Dr Fischl is a member of the Panel but, due to schedule conflicts, was not able to participate at a level that made her eligible for authorship
eAppendix. Working Sections of the IAS-USA HIV Prevention Recommendations Panel

HIV Testing and Serostatus
Section Leader: Seth C. Kalichman, PhD
Section Participant: Carlos del Rio, MD

Prevention Interventions for Persons Living with HIV Disease
Section Leader: Myron S. Cohen, MD
Section Participants: Constance A. Benson, MD; David R. Holtgrave, PhD; Seth C. Kalichman, PhD; Jeanne M. Marrazzo, MD, MPH; Steven J. Shoptaw, PhD

Prevention Interventions for HIV-Uninfected Persons
Section Leader: Kenneth H. Mayer, MD
Section Participants: Robert M. Grant, MD, MPH; Beatrix Grinsztejn, MD, PhD; David R. Holtgrave, PhD; Seth C. Kalichman, PhD; Jeanne M. Marrazzo, MD, MPH; Steven J. Shoptaw, PhD

Movement Across the Treatment Cascade: Individual-Level Interventions
Section Leader: Julio S. G. Montaner, MD
Section Participants: Francois Dabis, MD, PhD; N. Kumarasamy, MD

Movement Across the Treatment Cascade: Social/Community Level Interventions
Section Leader: Darrell P. Wheeler, PhD, MPH
Section Participants: David R. Holtgrave, PhD; Seth C. Kalichman, PhD


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