

TABLE 1 : Indications for Initiating HAART in HIV-1 Infected Patients

Clinical Category	CD4+ T Cell Count	Plasma HIV RNA	Recommendation
Symptomatic (AIDS, severe symptoms)	Any value	Any value	Treat
Asymptomatic, AIDS	<200/mm ³	Any value	Treat
Asymptomatic	>200/mm ³ but <350 mm ³	Any value	Treatment should generally be offered, though controversy exists. [^]
Asymptomatic	>350/mm ³	>55,000 (by bDNA or RT-PCR)	Some experts would recommend initiating therapy, recognizing that the 3-year risk of developing AIDS in untreated patients is >30% and some would defer therapy and monitor CD4+ T cell counts more frequently.
Asymptomatic	>350/mm ³	<55,000 (by bDNA or RT-PCR)	Many experts would defer therapy and observe, recognizing that the 3-year risk of developing AIDS in untreated patients is 15%.

[^]Clinical benefit has been demonstrated in controlled trials only for patients with CD4+ T cells <200/mm³. However, most experts would offer therapy at a CD4+ T cell threshold <350/mm³. A recent evaluation of data from the MACS cohort of 231 individuals with CD4+ T cell counts >200 and <350 cells/mm³ demonstrated that of 40 (17%) individuals with plasma HIV RNA <10,000 copies/ml, none progressed to AIDS by 3 years (Alvaro Munoz, personal communication). Of 28 individuals (29%) with plasma viremia of 10,000-20,000 copies/mL, 4% and 11% progressed to AIDS at 2 and 3 years respectively. Plasma HIV RNA was calculated as RT-PCR values from measured bDNA values. For further information, see the full HHS guidelines. Adapted from HHS guidelines, updated February 4, 2002, p.37⁶