

## IDCR-O-GRAM

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### 2006 DHHS Guidelines for the Utilization of Drug Resistance Testing in Clinical Practice

- HIV drug resistance testing is recommended for persons with acute HIV infection if the decision is made to initiate therapy at this time (BIII). If therapy is deferred, resistance testing at this time should still be considered (CIII).
- Drug resistance testing is also recommended for persons with chronic HIV infection prior to initiation of therapy (BIII). Earlier testing may be considered (CIII).
- A genotypic assay is generally preferred for antiretroviral-naïve persons (BIII).
- HIV drug resistance testing should be performed to assist in selecting active drugs when changing antiretroviral regimens in cases of virologic failure (BII).
- HIV drug resistance testing should also be considered when managing suboptimal viral load reduction (BIII).
- Drug resistance testing in the setting of virologic failure should be performed while the patient is taking his/her antiretroviral drugs, or immediately (i.e., within 4 weeks) after discontinuing therapy (BII).
- Drug resistance testing is not advised for persons with viral load <1,000 copies/mL, because amplification of the virus is unreliable

#### Rating Scheme for Recommendations

**Strength of Recommendation:** A= Strong B= Moderate C= Optional D= Should usually not be offered E= Should never be offered

**Quality of Evidence for Recommendation:** I= At least one randomized trial with clinical results II: Clinical trials with laboratory results III: Expert opinion

Source: The US Department of Health and Human Services. Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. October 2006. Available at <http://aidsinfo.nih.gov/>.