

## ABBREVIATIONS USED IN THIS DOCUMENT

3TC	Lamivudine
ABC	Abacavir
AFB	Acid-Fast Bacillus
AFP	Alfa-Fetoprotein
AIDS	Acquired Immune Deficiency Syndrome
AIN	Anal Intraepithelial Neoplasia
Anti-HBc	Antibody to Hepatitis B Core Antigen
Anti-HBe	Antibody to Hepatitis B e Antigen
Anti-HBs	Antibody to Hepatitis B Surface Antigen
API	Annual Parasitic Index
APV	Amprenavir
ART	Antiretroviral Therapy
ARV	Antiretroviral (Drugs)
ASC-H	Atypical Squamous Cells-Cannot Rule Out High-Grade Disease
ASCUS	Atypical Squamous Cells of Uncertain Significance
ATL	Adult T-Cell Leukaemia/Lymphoma
ATV	Atazanavir
AZT	Zidovudine (also abbreviated as ZDV)
b.i.d	Twice Daily
b.i.w	Twice Weekly
BAL	Broncho-Alveolar Lavage
CAREC	Caribbean Epidemiology Centre
CD4+ T	CD4+ T-Lymphocyte (T-Helper Cell)
CDC	United States Centers for Disease Control and Prevention
CHART	Caribbean HIV/AIDS Regional Training Network
CIN	Cervical Intraepithelial Neoplasia
CMC	CARICOM Member Country
CMV	Cytomegalovirus
CNS	Central Nervous System
CRN+	Caribbean Regional Network of People Living with HIV/AIDS
CSF	Cerebro-Spinal Fluid
CT	Computerised Tomography
d4T	Stavudine
ddC	Zalcitabine
ddI	Didanosine
DFA-TP	Direct Fluorescent Antibody- <i>T. pallidum</i>
DKA	Diabetic Ketoacidosis
DLV	Delavirdine
DOT	Directly Observed Therapy
DPT	Diphtheria-Pertussis-Tetanus
DR	Dominican Republic
DS	Double-Strength Tablet
EFV	Efavirenz
EIA	Enzyme-Linked Immuno-Assay
EMB	Ethambutol
EPI	WHO/PAHO/CAREC Expanded Programme on Immunisations
f-APV	Fosamprenavir
FCSW	Female Commercial Sex Worker
FDA	United States Food and Drug Administration

FTA-ABS	Fluorescent Treponemal Antibody Absorption
FTC	Emtricitabine
G-CSF	Granulocyte Colony Stimulating Factor
GM-CSF	Granulocyte Macrophage Colony Stimulating Factor
HAART	Highly Active Antiretroviral Therapy
HAM/TSP	Associated Myelopathy/Tropical Paraparesis
HAV	Hepatitis A Virus
HBcAg	Hepatitis B Core Antigen
HBeAg	Hepatitis B e Antigen
HBIG	Hepatitis B Immune Globulin
HBsAg	Hepatitis B Surface Antigen
HBV	Hepatitis B Virus
HCC	Heptocellular Carcinoma
HCV	Hepatitis C Virus
HDV	Hepatitis Delta Virus
HELLP Syndrome	Haemolysis, Elevated Liver Enzymes, Low Platelets
HHV-8	Human Herpes Virus 8
Hib	<i>Haemophilus influenzae</i> Type B
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HRA	High-Resolution Anoscopy
HSIL	High-Grade Squamous Intraepithelial Lesion
HSV-1	Herpes Simplex Virus 1
HSV-2	Herpes Simplex Virus 2
HTLV-1	Human T-Cell Lymphotropic Virus 1
HU	Hydroxyurea
IC	Inhibitory Concentration
IDV	Indinavir
IM	Intramuscular
IMCI	Current Integrated Management of Childhood Illness
INH	Isoniazid
IPT	Intermittent Preventative Treatment
IPV	Inactivated Polio Vaccine
IRS	Immune Reconstitution Syndrome
IRU	Immune Recovery Uveitis
ITN	Insecticide-Treated Bednets
IV	Intravenous
IVDU	Intravenous Drug Use
KS	Kaposi's Sarcoma
LEEP	Loop Electrosurgical Excision Procedure
LIP	Lymphoid Interstitial Pneumonia
LPV	Lopinavir
LSIL	Low-Grade Squamous Intraepithelial Lesion
LTBI	Latent Tuberculosis Infection
MAC	<i>Mycobacterium avium</i> Complex
MDR	Multidrug Resistant
MMR	Measles-Mumps-Rubella
MRI	Magnetic Resonance Imaging
MSM	Men Who Have Sex with Men
MTCT	Mother-to-Child Transmission
NAA	Nucleic Acid Amplification

NAM	Nucleoside-Associated Mutations
NFV	Nelfinavir
NNRTI	Non-Nucleoside Reverse Transcriptase Inhibitor
NSAID	Non-steroidal Anti-Inflammatory Drug
NRTI	Nucleoside/Nucleotide Reverse Transcriptase Inhibitor
NsRTI	Nucleoside Reverse Transcriptase Inhibitor
NtRTI	Nucleotide Reverse Transcriptase Inhibitor
NUP	Necrotising Ulcerative Peridontitis
NVP	Nevirapine
OPV	Oral Polio Vaccine
PAHO	Pan-American Health Organisation
PAS	Para-Aminosalicylic Acid
PCP	<i>Pneumocystis jiroveci</i> Pneumonia
PCR	Polymerase Chain Reaction
PCV	Pneumococcal Conjugate Vaccine
PEP	Post-Exposure Prophylaxis
PGL	Persistent Generalised Lymphadenopathy
PI	Protease Inhibitor
PI/r	Ritonavir-Boosted Protease Inhibitor
PLWHA	People Living with HIV/AIDS
PML	Progressive Multifocal Leukoencephalopathy
PMTCT	Prevention of Mother-to-Child Transmission
po	By Mouth
PORN	Progressive Outer Retinal Necrosis
PPD	Purified Protein Derivative
PZA	Pyrazinamide
q.d	Daily
q.i.d	Four Times a Day
q.m	Monthly
q.o.d	Every Other Day
q.o.w	Every Other Week
q.w	Weekly
RBC	Red Blood Cell
RDR	Relative Dose Response
RIF	Rifampin
RPR	Rapid Plasma Reagin
RSV	Respiratory Syncytial Virus
RT	Reverse Transcriptase
RTV	Ritonavir
SC	Subcoetaneous
SCD	Sickle Cell Disease
SD	Single Dose
SMX	Sulfamethoxazole
SP	Sulfadoxine-Pyrimethamine
SQV	Saquinavir
SS	Single-Strength Tablet
t.i.d	Three Times a Day
t.i.w	Three Times Weekly
TAM	Thymidine Analogue Mutation
TB	Tuberculosis
Td	Tetanus and Diphtheria Toxioids

TDF	Tenofovir Disoproxil Fumarate
TE	Toxoplasmic Encephalitis
TMP	Trimethoprim
TMP-SMX	Trimethoprim-Sulfamethoxazole
TP-PA	<i>T. pallidum</i> Particle Agglutination
TSH	Thyroid-Stimulating Factor
TST	Tuberculin Skin Test
USPHS	United States Public Health Service
VCT	Voluntary Counselling and Testing
VDRL	Venereal Disease Research Laboratory Slide Test
VTR	Vertical Transmission Rate
VZIG	Zoster Immune Globulin (also abbreviated as ZIG)
VZV	Varicella Zoster Virus
WBC	White Blood Cell Count
WHO	World Health Organisation
ZDV	Zidovudine (also abbreviated as AZT)
ZIG	Zoster Immune Globulin (also abbreviated as VZIG)

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## FOREWORD

Since the 1996 breakthrough identifying a combination of three antiretroviral drugs for the care and treatment of people living with HIV/AIDS (PLWHA), HIV disease management has evolved dramatically. With the introduction of highly active antiretroviral therapy (HAART), HIV infection has become manageable as a chronic disease in many parts of the world. Opportunistic illnesses associated with the disease have decreased, and the life expectancy of PLWHA, and their quality of life, has significantly improved. It is in this context that these updated clinical guidelines on the care and treatment of PLWHA in the Caribbean have been prepared.

Today, most CAREC member countries have either just begun to deliver comprehensive HIV/AIDS care and treatment, including HAART, or are poised to do so. Designed to support these developments, these guidelines provide regional clinicians with an up-to-date compendium of the very latest knowledge and best practices in HIV/AIDS care and treatment from around the globe. Caribbean experts and their international peers have contributed their cutting-edge skills and expertise to provide practising clinicians with user-friendly, clinically-focused, and evidence-based guidelines. In addition, these guidelines have been designed to address the Caribbean context directly and are flexible enough to accommodate the variations in resources and healthcare infrastructures that characterise the region.

The main objective of these guidelines is to enable Caribbean clinicians to increase their index of suspicion regarding HIV diagnosis and to facilitate their proficiency in the diagnosis and management of HIV-infected individuals. When this objective is reached, Caribbean countries will have made significant strides towards attaining:

- ❑ improved quality of life and life expectancy for all PLWHA;
- ❑ a reduction of the economic burden of HIV infection by preventing excessive use of diagnostic tests and inappropriate treatment or prophylactic measures; and
- ❑ enhanced HIV disease prevention and control through the effective management of opportunistic infections and of HIV itself.

Although the *Clinical Guidelines for the Care and Treatment of HIV-Infected Persons in the Caribbean* is intended primarily for use by clinicians, it is also a useful guide for other front-line healthcare practitioners, medical students, and various healthcare workers in training. Furthermore, it is our hope that Chief Medical Officers and National AIDS Programme Managers take these guidelines into advisement as they plan for and manage the scale-up to comprehensive HIV/AIDS care and treatment in their respective countries.

Finally, an important word: *Prevention* and *care and treatment* are inextricably linked, and there is no place for false dichotomy between the two. As these guidelines indicate, prevention is an integral component of any care and treatment programme. Thusly, CAREC and its partners urge all Caribbean healthcare providers to utilise each encounter for the provision of HIV/AIDS care and treatment as an opportunity to incorporate preventive counselling.

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**ENDORSEMENT BY THE CARIBBEAN REGIONAL NETWORK OF PEOPLE LIVING WITH HIV/AIDS  
(CRN+)**

As a full and equal partner in the collaborative fight against HIV/AIDS in the region, the Caribbean Regional Network of People Living with HIV/AIDS (CRN+) recognises the urgent need for improved access to treatment, care, and support for persons living with HIV/AIDS. Accordingly, CRN+ is pleased to endorse CAREC's publication *Clinical Guidelines for the Care and Treatment of HIV-Infected Persons in the Caribbean*.

CRN+ views these guidelines as essential to the development of healthcare systems in the region. They provide the foundation for quality care and treatment and represent a common ground for all Caribbean territories. We applaud CAREC's foresight in establishing these guidelines.

CRN+ challenges all Caribbean healthcare practitioners and institutions to build on the principles outlined in these guidelines in order to ensure full access to quality care and treatment for both the infected and affected communities.

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